

“HEALTHY SEEDS PLANTED IN RICH SOIL”:  
PHENOMENOLOGICAL AND AUTOETHNOGRAPHIC EXPLORATIONS OF  
ETHNODRAMA

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for the Degree of Master of Arts  
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By  
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## **ABSTRACT**

Ethnodrama has been identified as an effective and innovative qualitative research method and dissemination tool which aims to improve and inform society through theatrical performances. Researchers are increasingly utilizing ethnodrama in their work; however it is relatively new and remains unexplored. The lived experiences of this method have not been extensively documented in prior research.

Specifically, I focus on a project which involved ethnodrama workshops for women experiencing arm problems after breast cancer. The ethnodrama workshops revealed that women were feeling: 1) there is a lack of support, 2) a sense of isolation, and 3) a need to heal after breast cancer. The workshops began to break that isolation, provide support, and start a journey of healing. They also provided an unexpected finding that yoga is an effective and sought after method of healing for women after breast cancer. This finding moved the workshops into the creation of healing yoga program for women after breast cancer, instead of a research based theatrical performance (ethnodrama).

Phenomenological interviews took place with a yoga teacher, dramatists, and researchers who had lived experiences of ethnodrama. The researchers spoke of the challenges involved in ethnodrama creation including time, funding, participant recruitment, and data collection. I also focus on the themes of emotional connectivity, building trust, healing, breaking isolation, and social change as they were found to resonate across all their experiences with the method.

I also use the methodology of autoethnography to connect the common themes across the experiences of ethnodrama with my own experience. My participation in an ethnodrama project allows me to connect my participant and researcher involvement with this method.

Ethnodrama is an effective knowledge translation strategy for audiences; however I have found that it is also a method which emotionally connects researchers and participants. There are challenges to this method, but I learned they did not outweigh the benefits. The themes of healing, breaking isolation, building trust, and social change show that ethnodrama is a method which positively impacts researchers and participants involved.

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## Chapter 1: INTRODUCTION

### 1.1 Feeling Nervous

I am shaking. I wonder if I am nervous, or cold, or both? My mind fills with questions and wandering thoughts as I wonder:

*What am I doing on this stage? Will I be able to project my voice loud enough? Am I being judged? I'm so young, who am I to know anything about what this group of caregivers is going through? I feel a tickle in my throat, I hope I don't have a coughing attack, I'm freezing cold. Summer is definitely over. I should not have worn sandals.*

*What if I forget my lines? This room is filling up with a lot of people!*

My mind continuously finds more worrisome questions, when one of the two other “actors” beside me whispers: *Do you have a pen?* I think to myself *A pen? Was I supposed to bring a pen?* His wife whispers before I can respond: *What do you need a pen for?* He grins and says: *I might need to sign autographs afterwards.* We laugh. I stop shaking, smile, and realize that this is not going to be the end of me. There are two strong, supportive, and kind people beside me, and, most importantly, we are in this together.

There is a camera videotaping us on the side. It makes me nervous, but the lovely research coordinator who is in behind the camera smiles at me, and I try to calm my mind. I remind myself that this tape will document the impact we make today. *Please let the audience respond positively. Please let this make the social impact we are hoping for.* I remind myself that there are two presentations to make today and I will get a second chance if this really is not the success we are hoping for, in the first go round. As hard as I try to calm myself, my throat

starts to dry with nervousness. The woman beside me asks if I would like her tea. The smell of Earl Grey is soothing. I take a sip. I look around.

The room is filled with many seniors, we are at a senior's convention after all, and gearing this drama to caregivers of Alzheimer, dementia-diagnosed loved ones. I am on a raised stage, in a chair off the left sitting with two other "actors." For our scenes, there is a table in the middle of the stage representing a kitchen. I also see the two university researchers, who have mentored and supported me throughout the workshops, sitting in the back row. Their encouraging faces make me relax. I flashback to how we practised these scenarios in the church basement. Those workshops were never stressful or worrisome. I always looked forward to seeing the group and taking part in the theatrical activities.

Often through these activities, the facilitators would ask us to shape our bodies in ways that were reflective of emotions or experiences. For example, we were often asked to display with our bodies the images of despair and hope. I can recall, at first feeling very uncertain about this process. I thought that it would be far easier to express with language how I was feeling. However, I found out that our bodies can reflect our emotions in so many ways that words cannot. When I was first asked to display a position of despair I crumbled my body, I let my arms and head hang as though I was feeling lost, uncertain, and unwilling to look up the world. As I transitioned my body in the emotion of hope, I allowed my limbs and face to turn up. This was signifying that there are many people, places, and moments in life, in which to look forward. This exercise was repeated another day and I distinctly remember a woman holding my hand when asked to demonstrate hope. This simple gesture displayed how people can bring hope into

our lives and remind us that everything is going to be okay. There were no words necessary, our embrace, bodies, facial expressions, posture, and movements were more than enough. We experience the world through our body, thus we can also recreate those experiences or emotions with bodily shaped movements.

I snap back to looking at the audience and their curious faces. I can sense their wonderment about what is going to take place on this stage. I go over my lines in my head, barely hearing the facilitator, although I know he is explaining how this is going to work: We present a scenario and freeze at a moment where the caregiver is in the most hopeless situation, and then audience members are invited to offer suggestions, which bring hope into the situation. These scenarios were produced in the workshops by the participants and based on situations they had actually experienced. The facilitator and the researchers made sure that the performances were based on lived experiences of the caregiver participants, and something to which the audience would be able to relate. Solutions are then to be offered by audience members – practical solutions that are transferable to their own daily living as a caregiver.

The facilitator introduces the “production” to the audience and explains the process. I then turn to look at the two other “actors” beside me. *It’s time.* My scenario is first. I am a caregiver for my mother, trying to get her breakfast made in the morning. An incident happens where she pours juice on her cereal and is enraged at me. The facilitator yells, *Freeze!* Of course we freeze and I feel relieved that it went so well, but this is the part that scared me. My mind races with worry: *What if no-one in the audience wants to take my place and fix this situation? What if this is not a situation anyone thinks is realistic? Did I say everything I was*

*supposed to? Do I look silly up here?* The woman I am acting with, the one who gave me her tea, smiles at me. I once again remind myself that I am not alone. I am thankful for her warm presence beside me. I look at the audience. It is very quiet. I think the audience is hiding, as I would be if I was an audience member. It takes a lot of courage to be in front of a group of strangers. It can make you feel vulnerable. *I'm feeling vulnerable.*

The facilitator recognizes the slight discomfort in the audience and facilitates an ice-breaking moment. He does so by asking everyone if they can continually draw a cross with their left hand, while making a circle with their right hand, without breaking a continuous flow. I can see the audience laughing at their inability and laughing at the facilitator's jokes about this exercise. Slowly, the line between the stage and the audience becomes blurred. The audience begins to feel connected to this process. The facilitator returns to the scenario by asking if the audience relates to the scene, they nod. *Yes.* An audience member replaces me and begins to calm my dementia-diagnosed mother by apologizing for the accident, and suggesting she make some toast instead. Another audience member joins the stage and rewinds the scenario to pour the milk on the cereal before bringing breakfast to the table. I slowly let out a breath of relief and think to myself: *Success.*

It is time for the second performance of the day. I do not feel quite as nervous. Debriefing breaks, a Tai Chi moment with the facilitator and the other actors, along with encouragement from the researchers, have all helped me to relax. Once again, the audience members pour into the room and the seats are all entirely filled. I notice many younger women in the room this time. I find out later that they are registered nurses and nursing students, so

there is now a mix of caregivers and healthcare professionals spread out in the audience. The same scenarios are performed as the first production. The second scenario, of which I am not a part, involves a couple doing the dishes. The caregiver faces a problem when her father wants to help wash the good dishes, and then throws them in the garbage, instead of putting them in the cupboard. Audience members come to the stage offering numerous helpful suggestions to bring hope to a caregiver trying to save her good china, rescue her father from humiliation, and keep a grasp of her sanity. I slowly let out a breath of relief and think again to myself: *Success*.

At this time, I notice my unique situation. I am on stage, although not part of this particular scenario, and I can clearly see the interplay between the “actors”, the facilitator, the researchers in the crowd, and the audience full of caregivers, consisting of those who work with their loved ones, as well as professional nurse care givers. Being able to view the audience is astounding. I can see their facial expressions and body language which connects with what is happening on stage. I notice a woman in the front row nodding excessively when the actor is pleading with her father not to do the dishes. I then notice a man with an expression of concern on his face. He asks to come on stage and work towards a solution. As audience members move to the stage to interact with the “actors”, the scenario becomes about them. The audience becomes the “actor”, finding hope or solutions for daily problems they personally may face. It is no longer a performance or a typical play, as the line between the stage and the audience is blurred. We are a group of people coming together to find hope in difficult situations. It is then I realize how amazing the method of ethnodrama is. The actors can create real situations in order to generate greater understandings of lived experiences. Furthermore the actors can connect the

audience with the performance to generate hope, healing, and social cohesion among a group of people in the same social situation.

## 1.2 Study Overview

*There are endless possibilities for the merging of research and art. What seems so exciting is that...research and art are always, and have always been, inseparable. Recognizing their close relationships marks an opportunity for promoting more healthy, holistic function for myself and hopefully for other practitioners and audiences. It reminds me to identify my art as research, and to acknowledge the debt that research owes to the imagination. (Jenoure, 2002, p. 88).*

Researchers are increasingly embracing methods which merge their research with artistic techniques (see Foster, 2007; Madill, 2008; Mieniczakowski, 1997; Wang, 1999; Watson, 2009). Creative, artistic, and sensually stimulating representations of research have the potential to reach audiences in numerous, compelling ways. For instance, projects which synthesize research and art have been shown to: bring about in-depth personal reflection (Madill, 2008); enhance the ability to create meaning in our lives (Scott, 2008); accomplish a heightened awareness of social issues (Butterwick, 2003); and promote social change (Denzin, 2001). Ethnodrama is an emergent qualitative method and a successful knowledge dissemination tool, where research findings, or participant experiences, become dramatically and artfully displayed to an audience.

Ethnodrama often documents study findings as guided by participant experiences and by the participants themselves. These theatre projects revolve around participatory action research where: “participants in the process own the inquiry. They are involved authentically in making major focus and design decisions. They draw and apply conclusions. Participation is real, not token.” (Patton, 2002, p.185). This is especially important in this project because both ethnodrama projects to be explored in this thesis were guided by the participants. Patton (2002)

emphasizes that the “expertise” of the participants is crucial to participatory research and to be drawn on in the research. The researcher acknowledges that they are learning from the participants and the “power differences...are minimized, as much as possible” between researcher/participant labels (p.185). The participants are recognized as the expert (Wang, 1999).

Creative methodologies are increasingly found to be an effective way to genuinely promote participant ownership of the research process (for example Wang, 1999). Additionally researchers are beginning to share their own experiences through artistic and creative methods as well. For example, Madill (2008) shares the interconnectedness of her identities as a researcher, an artist, and a poet through her work. Likewise, Mitchell, Jonas-Simpson, and Ivonoffski (2006) have discussed the influential impact their theatrically based research has had on their academic careers. Nonetheless, the lived experiences of participants, audience members, and researchers connected to ethnodrama projects are still not well known. Methods which combine research with drama, poetry, photography, or any creative channel are innovative. There is a need for further exploration of the impact artfully displaying research elicits from individuals and society. Moreover there is a need for researchers to document their lived experiences and the impact artfully engaged research has on their careers, for other researchers to learn from.

The purpose of my study is to generate a better understanding of ethnodrama creation through exploration of the lived experiences of creating ethnodramas, through the use of phenomenology and autoethnography. Malhotra Bentz and Rehorick (2008) define lived experience as the “direct feelings, thoughts, and bodily awareness of actual life” p. 3).

Phenomenology is to explore experience as lived, and begin reflecting on how that experience deeply affects our lifeworld. Our lifeworld is defined by Harrington (2005) as “referring to the everyday world as meaningfully experienced by ordinary actors in a pre-reflexive, non-scientific manner” (p. 323). Thus, exploring lived experiences means gaining a “deeper understanding” (van Manen, 1990, p. 9) of moments, “feelings, thoughts, and bodily awareness” (Harrington, 2005, p. 323) in our everyday lives and within our lifeworld. This also means heightening and cueing into the details of an experience to begin to make meaning in our lives, thus “become more fully who we are” (van Manen, 1990, p. 12). Cueing into our lived experiences can be achieved in numerous ways including reflections, storytelling, poeticizing, journaling, or meditating.

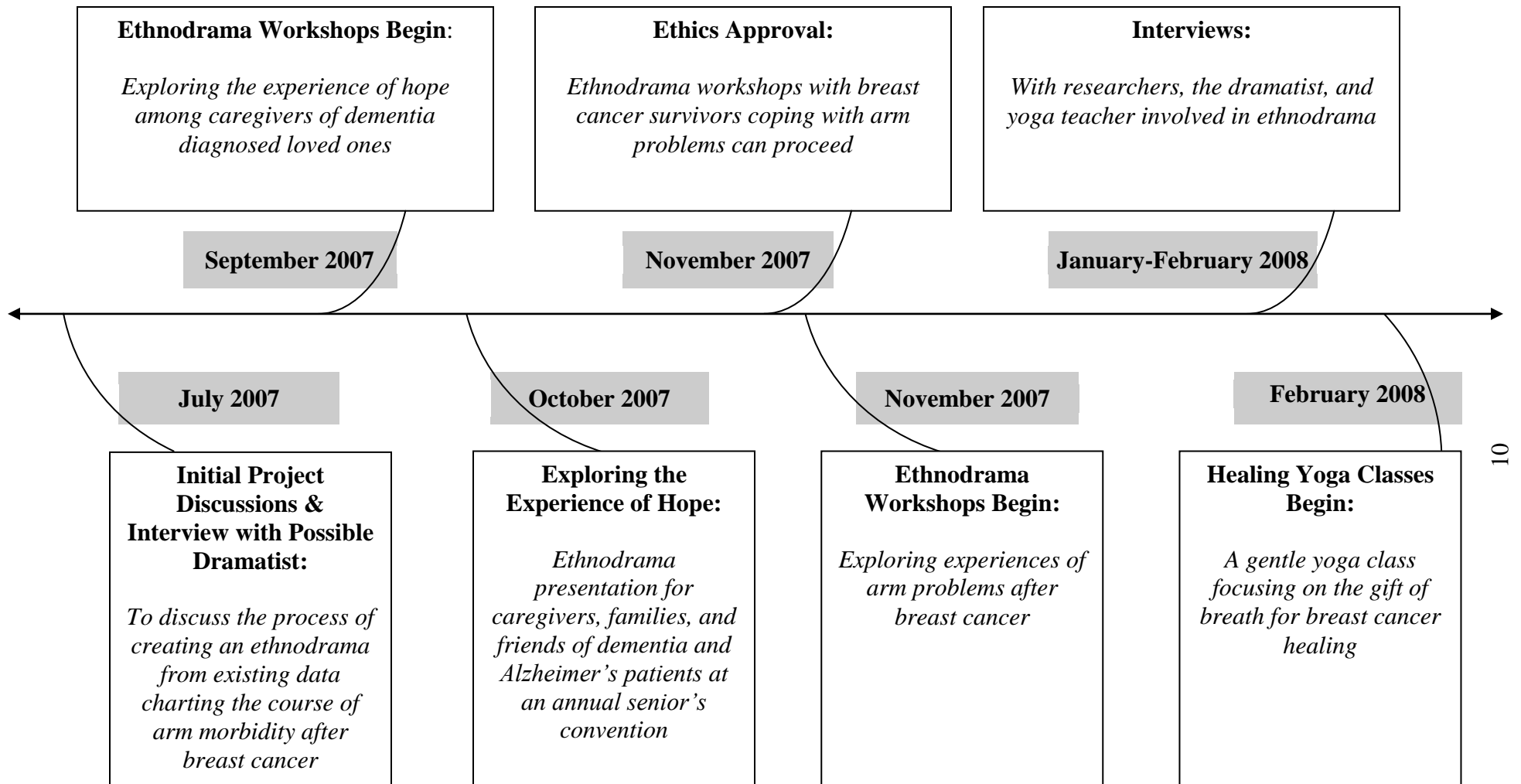
I began this project with a passion for exploring the lived experiences behind ethnodrama projects. Having found myself involved as a participant in an ethnodrama, I knew the impact and breathtaking potential these projects have to promote personal and social change. I sought to explore others’ lived experiences with participatory research theatre projects. I hoped to discover how others have been affected by this method. I had many questions: What are the lived experiences of researchers and participants in ethnodrama projects? How has this method impacted society? Have the researchers had similar experiences to mine? How do people define ethnodrama? Why do researchers choose this method? What challenges do they face? The methodologies of phenomenology and autoethnography have facilitated a discovery of and reflection on, the lived experiences of ethnodrama throughout this thesis.



These methodologies also allow me to self-disclose and find my “academic voice” (Potgieter & Smit, 2008, p. 214). Gilgun, (2005) has found that often qualitative researchers hide their voice by writing in the third person. She explains that this can contradict the qualitative, methodological foundations researchers use (Gilgun, 2005). Thus, if our methodologies embrace reflexivity from participants, our writing as a researcher could reflect self-reflexivity as well. I choose to attach my voice to my thesis, just as my participants have graciously offered their voices to this work. Pelias (2004) speaks to this: “a researcher who... brings [her or] himself forward in the belief that an emotionally vulnerable, linguistically evocative, and sensuously poetic voice can place us close to the subjects we wish to study” (p. 1). I embrace this opportunity to share the experiences of participants in this study, entwined with personal reflection of my own. This may help others see the astounding and emotional occurrences of ethnodrama, but also what can happen when the researcher and participant lines become blurred and experiences become shared.

I became a part of two participatory action research ethnodrama pilot projects as a research assistant during my graduate studies. I was intrigued with the method and its ability for powerful social change. Exploring ethnodrama was then discussed as a possible line of inquiry for my Master’s degree research. What follows, is a visual overview (Figure 1) and chronological description of my experiences in each of the projects that form the basis of my thesis.

**Figure 1: Chronological Overview**



The first project I was a part of, was an ethnodrama or participatory action theatre project exploring experiences of hope among informal caregivers of loved ones with dementia. I was doing some research assistant work for this project. This instilled an interest and desire to learn more about the ethnodrama process. This study, at first, was having recruitment difficulty. In September 2007, I decided to join as a participant instead of a research assistant based on experiences of my family connection to Alzheimer's disease. However, it was not easy to turn off my researcher lens as I experienced and participated in this successful research project. In addition, I did not fit exact recruitment criteria as I was not directly caregiving, but I learned a great deal about what my family may experience in the future from the ethnodrama group. The idea of generating hope and seeing how others become hopeful in these situations was an astonishing process and strengthened my passion for ethnodramas, as both a research method and a tool for dissemination of health and illness research projects. I then decided to document my own lived experiences of ethnodrama creation in an autoethnography for this thesis. I found this to be a way to enhance an in-depth understanding to the process. I have used guidance from Ellis's autoethnographic creation (Ellis & Bochner, 1996). I have embraced an opportunity to explore my own voice and lived experiences of ethnodrama as a participant. This autoethnography is used to complement the lived experiences captured in the data mentioned above.

The second project I explored was a pilot study based out of qualitative interviews from a mixed methods study charting the course of arm morbidity after breast cancer. This research focused on the arm problems of lymphedema, range of motion restrictions, and pain. The study looked at both a biomedical understanding of arm morbidity, but also included a lived experience

focus on how arm problems affect women's daily lives. In July of 2007, two members of this research team thought ethnodrama could be utilized as an innovative qualitative research dissemination tool; to begin to share some of the health and illness narratives with community members and healthcare professionals. This would increase awareness and understandings of arm problems after breast cancer.

A dramatist was hired to facilitate workshops towards a theatrical presentation. After ethics approval in November, 2007, (see Appendix G), women coping with arm problems were recruited to participate in a series of participant-guided ethnodrama workshops. A total of six women were recruited for five workshops which consisted of gentle yoga, journaling, and reflective moments for sharing their experiences with the group. Many findings emerged from the workshops and are discussed in my thesis. These findings were captured through a workshop recording, field notes, journaling, and interviews. The workshops led to the creation of a participatory healing yoga program, instead of an actual participatory theatre presentation. The participants owned this process and guided the workshops into a series of yoga classes. This yoga program began in February 2008. Based on the participatory nature of the workshops, the women spoke to the need and desire for a yoga program to begin healing their minds and bodies, including their arms, after breast cancer. In order to still capture the experience of ethnodrama, I also conducted phenomenological interviews, reflective of van Manen's work (van Manen, 1990). These interviews took place through January and February of 2008 and included those involved with the arm morbidity project – two researchers and two dramatists. However, one of the researchers was also involved with the hope ethnodrama project that I explore herein. I also interviewed a third researcher involved with other ethnodrama projects, but she was not involved

with the arm morbidity study. This researcher was involved with the hope project I described previously.

### **1.3 Purpose & Objectives**

The purpose of this research is to produce a better understanding of ethnodrama creation for dissemination of health and illness research findings through the use of phenomenology and autoethnography. My goal was to elicit an in-depth understanding of experiences generated from the research process, highlighting both the challenging and positive moments throughout. My research had four specific objectives:

- To better understand the overall experiences of participants and researchers who have taken part in the creation of an ethnodrama.
- To demonstrate the powerful potential ethnodrama has as a dissemination tool that may change participants, scholars, and society for the better.
- To understand lived experiences of arm problems after breast cancer and how ethnodrama can play a positive role for healing after breast cancer.
- To synthesize these experiences, thereby contributing an understanding of what ethnodrama is and that it can play a key role as a credible option for dissemination of health research.

My research looks to the experiences of ethnodrama creation with a goal to better understand this method and the potential it has for social change, among the participants and researchers that are involved. The documenting of lived experiences gives deeper insight as to

what people have experienced in the ethnodrama process and what their connections to this process are. I use both phenomenological and autoethnographic approaches, which may further an understanding of these methodologies. I also add to the literature surrounding experiences of arm problems after breast cancer; even though an ethnodrama was not produced from these experiences. Instead, a meaningful yoga program has started a healing journey for these women. The dramatist in the workshops believed that *healthy seeds have been planted in rich soil*, meaning an ethnodrama could still be created in the future to increase awareness of arm problems after breast cancer. My research provides insight into the importance of healing, breaking isolation, and providing support for women who have had breast cancer.

My thesis also speaks to the researchers' experiences, outlining the complex logistics of creating an ethnodrama, the emotional connections researchers have experienced with ethnodrama, and the ability of this method to promote social change. Adding researchers' lived experiences complements the participants' experiences, as the researchers are equally important to the process. Wahab (2003) reflects on her research and its importance to her: "Although I can't speak to the participants' intrinsic motivations for engaging in this critical and participatory process, I believe that we were trying to both make sense of the world around us as well as change it by creating and performing a story" (p. 638). My thesis weaves together a story based on the lived experiences of all participants engaged in ethnodrama. Ethnodrama researchers have become participants as well, which may evoke rich insight into the process of ethnodrama from both a participant and researcher lens.

## **1.4 Thesis Outline**

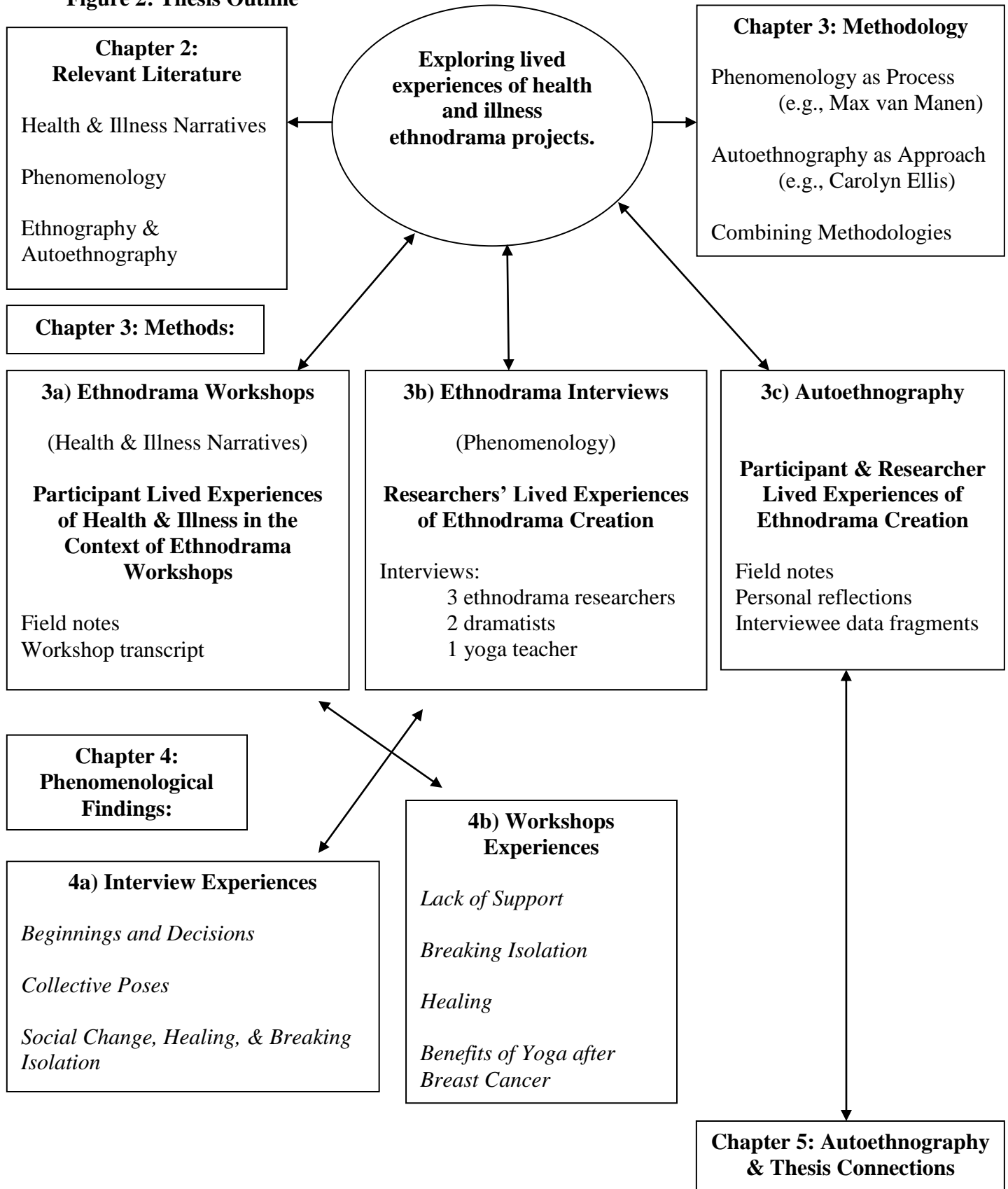
The intent of Chapter One is to provide some background and orientation to my objectives and approach. I combine phenomenology and autoethnography to examine experiences with ethnodrama. With a phenomenological approach, I interviewed three researchers, two dramatists and one yoga teacher. With an autoethnographic approach, I also captured my own experiences through participating in an ethnodrama on finding hope in caregiving for loved ones with dementia. In Chapter Two, I document the epistemological background and relevant literature in the substantive areas of my thesis. These areas include narratives in a sociology of health and illness, phenomenology and embodiment, and (auto)ethnography and ethnodrama. In Chapter Three, I provide a detailed account of the methodologies of phenomenology and autoethnography. Here I focus on the how these methodologies influence the research process. Following this explanation, I present my methods. The methods encompass workshops, interviews, and an autoethnography, emphasizing how each of these were undertaken to reach the exploratory findings of my thesis. The findings in Chapter Four explore in detail, the lived ethnodrama experiences of breast cancer survivors, and those of three researchers involved with various projects. In Chapter Five, I continue to tell my own story as a research participant in an ethnodrama. I take this opportunity to explore my own voice and connect it with those of the researchers and survivors. I also use autoethnography to discuss and reflect upon the overall connections and future directions of my work.

The following figure adds greater clarity to the overall structure of Chapters Two through Five. For instance, with respect to the methods (Chapter Three), I introduce the workshops

before the interviews because chronologically the workshops took place before the interviews. The workshops also set the stage for the interviews. Given that an ethnodrama was not actualized in the workshops, the interviews were essential to capture the lived experience around this method. In the following chapter on the findings (Chapter Four), I reverse the order of discussion, and the interviews come before the workshops. This ordering suits the findings, as the interviews establish the necessary research context of ethnodrama, before the practical application of ethnodrama through the breast cancer workshops is documented. Following this figure, Chapter Two highlights the literature that is relevant and connected to my research.



**Figure 2: Thesis Outline**



## **Chapter 2: RELEVANT LITERATURE**

### **2.1 Contextualizing & Positioning the Research**

Within this chapter, I examine the literature on three relevant areas: 1) health and illness narratives; 2) phenomenology and embodiment; and 3) ethnography, autoethnography, and ethnodrama. I first explore health and illness narratives, as positioned within the larger context of a sociology and health and illness. This creates a backdrop for how we can connect stories of health and illness to our bodies and society. In my research, women shared their stories of embodiment after breast cancer. The ability to share and reflect on their stories started a healing journey for the women. I embrace the methodology and method of phenomenology to generate meaning from those stories. Their health and illness stories connect to embodiment, as well as the experience of ethnodrama workshops. Phenomenological interviews were conducted with researchers on their lived experience of ethnodrama creation. Given that I am exploring the lived experience of ethnodrama, it is necessary to elaborate on the literature documenting the innovative technique of dramatically portraying research findings. Ethnodrama is an embodied experience, acting out experiences as lived. I have utilized autoethnography to document my own embodied experience with ethnodrama, and as such include relevant literature to this methodology and method. Embodiment thematically connects all three of the relevant areas. Outlining the literature which encompasses these three areas is necessary to position my research in the context of health and illness stories, phenomenology, embodiment, ethnodrama, and autoethnography.

Although not all of my work addresses breast cancer survivorship, the planned ethnodrama of disability after breast cancer is the foundation for examining my experiences of ethnodrama. Thus, it is important to first position my research within current knowledge of breast cancer survivorship. The Canadian Cancer Society reports that breast cancer is the most common form of cancer experienced by women in Canada: “In 2008, an estimated 22,400 women will be diagnosed with breast cancer and 5,300 will die of it” (Canadian Cancer Society, 2008). The Canadian Cancer Society (2008) also reports that survival rates are increasing, and have been for decades. Currently, there is about an 88% survival rate, five years after diagnosis for breast cancer patients (Canadian Cancer Society, 2008). However, there is a lack of information on arm problems the increasing amount of breast cancer survivors may face. Many women experience arm problems post breast cancer surgery, but there is a lack of evidence based information around lymphedema, swelling, pain, range of motion limitations, and arm morbidity which often occurs (National Lymphedema Network, 2008; Thomas-MacLean et al., 2008). It is unknown how many women in Saskatchewan cope with arm problems, although increasingly efforts are being made to publish a range of rehabilitation possibilities to address negative arm repercussions. For example, the National Lymphedema Network (2008) has published specific preventative practices including suggestions for skin care, daily activities, compression sleeves, and specific strategies to prevent pain or swelling after breast cancer. As important as these strides are, there still needs to be a greater awareness and understanding of arm problems and rehabilitation possibilities within the healthcare system and within survivorship communities.

At the same time, there is an increasingly published need for innovative knowledge translation strategies which move health research into practice. Berwick (2003) demonstrates that a vast amount of scientific health research is not translated into practice. The wide gap between research and practice is a challenge and something which needs to be addressed, but the literature is often focused on the need for clinical, basic or biomedical knowledge translation strategies. Equally as important as increased evidence-based, biomedical understandings after breast cancer, is knowledge of women's lived experiences in survivorship stages. There needs to be greater understandings around the lived experiences of arm problems. In looking at arm problems beyond the basic or biomedical perspective, it is found arm morbidity affects women's daily lives and their quality of life (Thomas-MacLean et al., 2008). It has also been found that the experiences of lymphedema, range of motion problems, and pain cause an embodiment of disability which affects women's lives including their work, partners, children, and friends (Thomas-MacLean, 2005; Thomas-MacLean & Miedema, 2005). Research exploring lived experiences, accompanied with biomedical research of arm problems after breast cancer, needs to be translated into practice for increased understandings of lived experiences, as well as methods of rehabilitation and prevention for lymphedema and arm morbidity (Thomas-MacLean, Miedema, Tatemichi, 2005).

Recently, qualitative methodologies are exploring ways to innovatively move population health, health and illness narratives, or participatory research into practice. One example is the method of metasynthesis in which qualitative researchers aim to compile existing literature and promote it in an accessible way to practitioners (Finfgeld, 2003). Qualitative researchers are also seeking new methods of dissemination in which the participants own the knowledge translation

or become agents of change. Participants have expertise surrounding their experiences of illness and navigating through the healthcare system. To this end, Harrison (2002) has found that: “using visual imagery is seen to have educational, clinical or therapeutic aims and benefits arising either directly from participation or from the research findings” (p. 867). Photovoice is an example of an emerging methodology where participants visually explore their lived experiences through photography (Wang, 1999). These images are often presented to audiences, giving insight into the lives of the participant-photographers, as well as promoting social change amidst an audience.

Ethnodrama is another example of a new method to visually explore lived experience. It is a qualitative method which uses performance to disseminate research findings. It has the potential to reach audiences in a “dramatic” way, which can actualize social change. Enacting research moves away from traditional text reports and has the potential for audiences and participants to make a deeper connection with the findings. Ethnodrama projects can range from being entirely guided and performed by the participants to an academically written and professionally performed script. This method has been utilized for projects on Alzheimer’s disease (Kontos & Naglie, 2006; Mitchell et al., 2006), AIDS and HIV (Hovey, Booker, & Seligman, 2007), and has already been used in contexts of cancer (e.g. Lobel, 2008) and, more specifically, breast cancer (Gray et al., 2000).

Ethnodrama is an innovative qualitative methodology which is new to the literature and new in practice. Given the recent emergence of this method, any publications documenting its use add to the literature and provide greater understandings of this innovative method and

knowledge dissemination tool. Denzin (2001) demonstrates that lived experiences and narratives come through performances, but the lived experiences that happen behind the scenes in the process are not as well documented. My thesis adds to the literature through its documentation of the lived experiences from researchers and participants connected to ethnodrama. Ethnodrama has also never been used to explore lived experiences of arm problems after breast cancer. My thesis also contributes by providing a greater understanding of that domain, while simultaneously providing greater insight into the method of ethnodrama.

In the context of this thesis, ethnodrama was to be utilized as an innovative qualitative research dissemination tool to explore lived experiences of breast cancer survivors. The goal was to share those experiences with community members and healthcare professionals to promote social change and social awareness of arm problems post breast cancer. At the time, arm problems after breast cancer had not been previously studied in Saskatchewan, and based on the findings of this thesis, there is a lack of support in the Saskatoon community for survivors with arm related symptoms. Ethnodrama was an innovative and meaningful way to document and present these experiences to healthcare professionals and community members in Saskatoon. Ethnodrama would provide an opportunity to actualize movement towards prevention, awareness, and rehabilitation for arm morbidity.

Instead of an ethnodrama, a yoga program was produced out of workshops with women experiencing arm problems after breast cancer. The narratives of health and illness, which the women shared, emphasized a need for a healing yoga program, rather than a theatrical performance, but the lived experiences of ethnodrama were still explored through

phenomenological interviews with researchers, as well as through an autoethnography capturing my own experiences with the method.

My research foci are grounded in a literature review of three core areas: 1) the sociology of health and illness narratives; 2) phenomenology and embodiment; and 3) (auto)ethnography and ethnodrama. These core areas relate to this thesis in that I am grounding my work in the sociology of health and illness, specifically to explore narratives of health and illness from the women coping with arm problems after breast cancer. I am exploring lived experiences with phenomenology, a methodology and a method which involves reflection on embodied experiences, such as breast cancer and drama which are both shared and experienced through the body. Autoethnography is a methodology and method used to capture my own lived experience of ethnodrama. It is important to discuss the literature around ethnography, to explain what ethnodrama theoretically is and what it practically has become, as documented in the literature. I conclude my literature review with a discussion of the connections between the current literature in these core areas and provide further explanation of how they connect to this thesis. Together these areas allow for in-depth analysis of embodied, socially constructed, lived experiences of ethnodrama in the context of health and illness. Ultimately, my goal in this review is to demonstrate the importance and the connection of these approaches, as well as how my own project contributes to the literature.

## 2.2 Positioning Narratives in Sociology of Health and Illness

*Narrative, as the intersection between the humanities and social sciences, acknowledges the cultural backdrop that frames a morality of suffering and sets the experience within a structure of meanings, traditions, and roles. (Black, 2001, p. 304).*

I begin this section of Chapter Two with a brief overview of key theoretical paradigms of the sociology of health and illness. Within this domain, sociology:

seeks to describe and explain the social causes and consequences of illness, disease, disability, and death; to show the ways lay people and professionals alike constitute or construct their categories of disease and illness; and to portray the ways that illness affects and is affected by social interaction among various people or institutions (Clarke, 2004, p. 3).

Sociologically studying health and illness offers a critical perspective where we not only seek to better understand health and illness experiences, but discover insight into how the health of society can be changed or improved. The sociological perspective strongly differs from a psychological or an epidemiological perspective. Williams (2003) emphasizes the importance of a sociology of health and illness via the complexities the discipline is able to capture:

“Sociology is not simply the study of human beings or individuals in the world. It is not just big psychology or secular theology. It is the study of social structures and social processes, social action and social interaction” (Williams, 2003, p. 132). Studying the interconnectedness of these four components allows for deeper insight into social aspects of health, illness, healthcare systems, and the medicalization of our bodies. I see sociology as a discipline that is able to explore the structures of society and the agency of societal members, taking into account the situational importance of specific cultures and determinants of health.

Social theory is defined by Harrington (2005) as a phrase which “encompasses contexts of thought about society to be found in subjects such as history, politics, economics,



anthropology, philosophy, and cultural and literary criticism, as well as sociology in the strict disciplinary sense” (p. xxi). Clarke (2004) outlines four key sociological theories and how they are grounded in studying health and illness: Structural Functionalism, Conflict Theory, Symbolic Interactionism, and Feminist Theory (p. 6). Each perspective provides a vastly different way to study the social experiences of health and illness.

For instance, feminist theory specifically examines gender inequality. Feminist theories involve the “understanding [of] social organization, structure, power, and knowledge from women’s perspectives” (Clarke, 2004, p. 6). A major objective of feminist theory is change, acknowledging issues of power and class in a way that would transform society to be less patriarchal and geared towards equality for women (Clarke, 2004). The medical system is deeply rooted in medicalizing women’s lives and integrating a gender bias on several levels (Clarke, 2004). In the health research, a feminist perspective challenges the medicalization of women’s bodies, the lack of health research on the female body, and the definitions imposed on women, which disallow women to define their own illness experiences (Clarke, 2004). Various feminist scholars have historically and recently studied the impact of health and illness structures on women, as well as their lived experiences of health and illness (Weitz, 1998). For example, recently Asbring and Narvanen (2007) explored women’s stigmatization in healthcare with symptoms and diagnoses of chronic fatigue syndrome or fibromyalgia. In addition Werner and Matlerud (2003) have found that there are distinct power differentials for women as patients and their relationship with their doctors, especially around diagnoses which are unexplainable, through their research with women and chronic pain.

As appropriate to my work, herein I focus on an interpretive sociological paradigm situated around narrative, phenomenology, and embodiment. Interpretive sociology adds yet another dimension to studies of health and illness, beyond gender distinctions. The focus of interpretive sociology is on: “how the subjective definitions of social reality are constructed and how this reality is experienced and described by the social actors” (Clarke, 2004, p. 15). Historically, Weber defined sociology as: “a science which attempts the interpretive understanding of social action in order thereby to arrive at a causal explanation of its course and effects” (Clarke, 2004, p. 15). Reflexivity guides interpretive sociology and the focus is on individual participants of society rather than social structures or systems of classes. Specific interpretivist traditions include symbolic interactionism, phenomenology, and hermeneutics wherein “people create shared meanings through their interactions, and those meanings become their reality” (Patton, 2002, p. 112). These interpretive traditions incorporate narrative theory.

Studies on the narratives of illness experiences have become increasingly popular (Clarke, 2004; Ollerenshaw & Creswell, 2002). Theoretically, Frank has been influential in exposing the importance of health and illness narratives in sociological research. Frank (1995) explains that telling stories is an attempt “to change one’s own life by affecting the lives of others” (p. 18). There have been numerous amounts of insightful research incorporating the use of narrative to study health and illness. They bring an increased understanding of the illness experience. These researchers also capture the importance of using narrative in a sociology of health and illness as they generate opportunities for social change. For instance Thomas-MacLean (2004b) has used Frank’s theoretical narrative types to understand narratives of breast cancer patients. Susinos (2007) has embraced narrative technique to understand young women’s

and men's experiences of social exclusion as a result of physical disability. Another example is the work of Crichton and Koch (2007), who focus on storytelling and narrative approaches to better understand how dementia is experienced and how people live with this illness.

As indicated, Frank (1995) introduces many concepts that are especially helpful when exploring individual experiences, stories, and perceptions of illness as society often has to come to terms with illness in one way or another. The importance of expressing, sharing, and reflecting on these experiences is not always discussed. Frank emphasizes three significant aspects for a social examination of personal narrative: 1) “the *need* of ill people to tell their stories, in order to construct new maps and new perceptions of their relationship to the world”; 2) “the times that stories are told in: how the social context affects which stories get told and how they are told”; and 3) “the *embodiment* of these stories: how they are told not just about the body but through it” (Frank, 1995, p. 3). I discuss literature categorized within these three narrative aspects in the next three sections of this chapter.

### ***2.2.1 Sharing Stories of Health and Illness***

Frank (1995) suggests that illness causes “the loss of the ‘destination and map’ that had previously guided the ill person’s life: ill people have to learn to “think differently” (p. 1). Frank (1995) suggests that in order to “think differently”, people need to tell their story of health and illness (p. 1). Retelling a story or sharing an embodied illness narrative promotes healing and reflection. Healing and reflection are themes of my research, thus it is imperative to explore literature which has used narratives for healing, making meaning, and constructing new “maps”

for living in society. For example, Charmaz (1999) has researched stories of suffering. She suggests that talking about our suffering helps us to deal with and reflect upon, the ways challenges in our life change us. Charmaz (1999) shows that telling stories of suffering helps us to find our “self” again, because a self becomes lost when we cannot make meaning out of our suffering that has changed us from the person we used to know (p. 364). Ville and Khlat (2007) discuss the meaning and coherence which emerge from narratives in a sociological context. Making meaning out of experiences allows us to better understand ourselves and where we are situated socially. Susinos (2007) has found that “language allows us to construct the meaning of our thoughts, feelings, and actions” (p. 121). Speaking and sharing stories of illness, aids in our ability to construct meaning and allows for greater understandings of health and illness in our lives. Sharing stories gives us the ability to construct new “maps” for our social and personal lives.

In the context of research, sharing stories allows us to finding meaning in our lives, but the listeners of our stories can be as equally affected. Frank (1995) writes to the importance of reciprocity where storytelling is as beneficial for the teller as it is for the listeners. Likewise, narratives are as important for researchers as they are for participants. Researchers should consider sharing their narratives of experiencing health and illness directly, or of being a listener for their participants’ stories. For example, Valentine (2007) explains:

For it is only by exploring and understanding...the implications of our own self-disclosure that we can remain sensitive to the impact on interviewees of the very intimate self-disclosure we require of them. In so doing, we inevitably enhance our understanding of those we are researching and the aspect of social reality they represent. (p. 174).

Valentine (2007) has self-disclosed her experiences as a researcher in working towards greater understandings of bereavement through narrative. It is significant to share experiences of emotionally connective issues such as bereavement, to not only find meaning in our own experience, but to share this process with others. Frank (1995) states: “People tell stories not just to work out their own changing identities, but also to guide others who will follow them” (p. 17). Another example is from Black (2001), who tells Jake’s story, realizing that it is coming through “the filter” of her researcher “eyes and words” but feels it is better told in this way than not at all (p. 297). Jake’s story is a journey to death, which is not an easy narrative to share, but one which should be. The reciprocity of stories can help readers, listeners, and tellers to reflect upon the meaning of their lives and experiences such as illness, which in turn may benefit society more broadly.

Ethnodrama presents stories theatrically, creating an opportunity for both “actors” to share their stories, and audiences to reflect upon how these stories connect with their own lives. The stories of ethnodrama, presented in my thesis, create an opportunity to inform other researchers about this method and how it has the potential to generate social change and individual healing. For my research, healing was found in the creation of a yoga program, rather than a theatrical performance. The interviews on researchers’ experiences of ethnodrama revealed that this method has the ability to generate the capacity for healing, connectivity, and reflection. This potential for this capacity occurs reciprocally between researchers, participants, and audiences. These stories need to be told and ethnodrama presents an avenue to tell these stories in a meaningful way, to an array of people.

### ***2.2.2 Social Context of Stories***

Frank (1995) suggests that the social context of stories is dependent upon our “post modern times” where “the capacity for telling one’s own story is reclaimed” (p. 7). Frank (1995) focuses on the “postmodern experience of illness” (p. 6) where personal narratives are not viewed as “secondary but have their own primary importance” (p. 7). Clarke (2004) suggests we are experiencing a shift where “symbolic interactionist and phenomenological writing is becoming more frequent in a postmodern sociology of the body, emotion, and health and illness” (p. 185). I choose to focus on this shift and the importance of studying narrative in a sociology of health and illness.

Thomas-MacLean (2004b) accentuates: “it is imperative that studies of illness narratives direct attention to both the content and structure of stories in order to illuminate both experiences and context” (p. 1648). Understanding the structure and social context of a particular story, along with questioning other possible avenues a story could be experienced, gives insight into the ways narratives are socially shaped. Stories can provide insight into the way a particular person is experiencing the world at a particular time. Crowley (2007) illustrates this point through the use of narratives to explore the recurrence of memories in participants with experiences of childhood sexual abuse. These narratives are experiences of trauma from the past; however they have great importance for future healing. Crowley (2007) found these narratives may help clinicians to see that narratives from “memory may offer insight into a client’s current symptoms and/or open up different avenues for treatment” (p. 1110). Healing is important for the participants having been abused, but their narratives create poignant

opportunities to help other victims. The social context of those experiences is from the past, although they are very much relevant to the present and future. Frank (1995) points out: “Life moves on, stories change with that movement, and experience changes” (p. 22), although this does not mean the importance of the story becomes lost.

Though my thesis, I have embraced reflections on stories from past ethnodrama experiences. This is through both researchers’ interviews and my own autoethnography. These stories have the ability to inform readers what it is like to produce an ethnodrama and how it feels to act in a research based performance. Herein, I reflect on these experiences, noticing that ethnodramas were produced, acted, and experienced through our bodies. Furthermore, these experiential stories are told through our bodies.

### ***2.2.3 Stories & Embodiment***

The third element for socially examining stories of illness is that narratives are told through the body (Frank, 1995). Embodiment refers to the interactions between social, individual, and physical aspects of illness (Thomas-MacLean, 2008). Embodiment is particularly important for both personal and social connections to storytelling: “The *personal* issue of telling stories about illness is to give voice to the body, so that the changed body can become once again familiar in these stories” (Frank, 1995, p. 2). Frank (1995) emphasizes an understanding of how we personally make meaning out of our stories from a body which has been shaped and changed by illness. Gerschick and Miller (1997) explore the body in interviews with men experiencing physical disabilities. They state that: “one’s body and relationship to it

provide a way to apprehend the world and one's place in it. The bodies of men with disabilities serve as a continuous reminder that they are at odds with the expectations of the dominant culture" (Gerschick & Miller, 1997, p. 109). In this study, the researchers have sought out an exploration of experiences of the body, told through the body. The men shared their embodied experiences of disability, through their bodies. They often had to shape entirely new meanings out of their lives, given their bodies no longer met "the standards of dominate masculinity" (Gerschick & Miller, 1997, p. 113). Changes in our bodies can change our social identities, and force us to make new meanings out of the way we experience life.

Another example in exploring embodied experiences of disability is from Thomas MacLean (2008); her work around embodiment has uncovered understandings of how women experience breast cancer through their bodies, particularly around how women internalize fears of recurrence. Illness is inseparably connected to the body, embodied voices and stories are essential to either study or evoke out of ourselves, finding a narrative of health and illness.

To review, there are three elements of understanding narrative: 1) sharing stories of health and illness; 2) social context of stories; and 4) stories and embodiment. These three elements of socially understanding narrative are essential to study as participants in my research have all shared stories and reflected on personal experiences. These experiences are necessary for personal reflection, as well to promote readers to make meaning out of their own connections to ethnodrama. Expanding upon my previous discussion, Patton (2002) explains that narrative research is "influenced by phenomenology's emphasis on understanding lived experience and perceptions of illness" (p. 115). These perceptions of illness are inseparably connected to the



body. Both narrative and phenomenology, which I turn to next, are rooted in an interpretivist stream – where meaning is made out of our experiences through our bodies and our experiences in society.

### **2.3 Positioning Phenomenology & the Body**

*From a phenomenological point of view, to do research is always to question the way we experience the world, to want to know the world in which we live as human beings. (van Manen, 1990, p. 5).*

Phenomenology strives for in-depth exploratory constructed meanings by the participants who may make sense of their world (Rossman & Rallis, 2003). Harrison (2002) addresses the necessity of including lived experience in qualitative health research: “The increasing popularity of qualitative methodologies in the study of health, illness and health care has reflected an epistemological commitment to the ways participants themselves interpret, give meaning to and make sense of, their experiences” (p. 864). Using narratives, I apply phenomenology to explore lived experiences of both experiences of arm problems after breast cancer and experiences of ethnodrama creation. The participants in my thesis research are connected to ethnodrama, a method that is performing health and illness experiences in innovative ways. Phenomenology has allowed insight into the lived experiences of translating narratives from health and illness research into theatre and a healing yoga program. This methodology has allowed for a greater understanding of lived experiences from ethnodrama projects and how this dissemination tool has affected people’s lives.

Patton (2002) illustrates phenomenology’s roots in philosophy from Husserl and Schutz. Phenomenology was brought into the social sciences by Schutz, where it was then influenced by

specific theorists, such as van Manen, Merleau-Ponty, Whitehead, Giorgi, and Zaner. These theorists have all shaped this methodology and method (Patton, 2002; Rehorick & Malhotra, 2008). Rehorick and Malhotra Bentz (2008) emphasize how all of these theorists have provided insight into how to do phenomenology. Recent research utilizing various methodological frameworks have allowed for this philosophical tradition, or “way of life” (Hultgren in Simpson, 2008, p. 52) to carry on, generating current understandings of lived experiences and social transformations.

In my work, I focus especially upon traditions of hermeneutic phenomenology as guided by van Manen. van Manen (1990) defines this approach as a methodology which seeks to understand lived experience by “understanding it ‘from the inside’”(p. 8). It is through hermeneutic phenomenology that we can explore direct experiences as they are lived in our lifeworld. This approach is accomplished not on a theoretical level, but can only be completed by “actively doing it” (van Manen, 1990, p. 8). In Chapter 3, the methodology section, I illustrate the process I undergone in “doing” phenomenological research. Below, I discuss the theoretical application of phenomenology, along with recent research utilizing this methodology.

An immense amount of research has utilized phenomenological theories. Rehorick (1986) has used phenomenology to study lived experiences after an earthquake where he captured newly constructed meanings after the individuals affected, lifeworlds became full of uncertainty. Greatrex-White (2008) explores the concept of reflexivity in a phenomenology of nursing students’ experiences studying abroad. Noronha and D’Cruz (2007) found phenomenology useful in exploring lived experiences of stress amongst telemarketers.

Phenomenology has even been used to discover first hand experiences with the methodology of phenomenology itself (Rehorick & Taylor, 1995; Simpson, 2008; Smythe, Ironside, Sims, Swenson, & Spence, 2008).

Many researchers within the domain of health and illness utilize an exploration of lived experiences, common to phenomenology. For example, Lorentzen (2007) explores the phenomenology of men's orgasms. Cull-Wilby (1993) discusses meaning made out of lived experiences with asthma. Throughout this work, we are reminded that just as narratives of health and illnesses are embodied, so are all our experiences in life, even our most intimate embodied experiences which Lorentzen (2007) explores. The phenomenological approach Cull-Wilby (1993) uses to study asthma is particularly illustrative of embodiment, as she states: "Because breath is immediate, asthma intensifies the connection to life. Illness intensifies embodiment... One becomes trapped, more keenly aware of the limitations imposed on the body" (p. 161). Intense experiences of health and illness thoroughly tune us into our bodies. For example, Thomas-MacLean (2008) documents embodiment after breast cancer where women may become constantly aware and fearful of possible cancer recurrences to their body; this fear can impact both personal and social aspects of their lives.

Another example of a study of embodiment is from Todres and Galvin (2008) who explores making meaning through our bodies in caring for loved ones with Alzheimer's. They explain that the use of poetry and aesthetics is especially meaningful to capture embodied experiences of health and illness, as well as work towards healing (Todres & Galvin, 2008). Thus, phenomenology is not only achieved through storytelling and narratives, but can be

achieved through poetry and other creative techniques. Artistic expression through our bodies has been found to inform, change, and make meaning out of experiences through our minds and bodies which are inseparable (Le Jevic & Springgay, 2008).

van Manen's (1990) work expands upon this idea as he speaks to hermeneutic phenomenology as a "critical philosophy of action" (p. 154). Our reflections and explorations of experience can provoke action. In summary, phenomenological studies of embodiment are useful because our bodies connect our personal, physical, and social experiences (Frank, 1995; Thomas-MacLean, 2008). Our bodies and our experiences are socially constructed. We experience the world through our body, and share those experiences to others through the body as well. In my study, participants, including myself, share their embodied experience of ethnodrama. The creative uses of journaling and theatrical exercises have proved specifically helpful to capture lived experiences and subsequently make meaning out of these moments. The actions of yoga may also have been helpful with becoming tuned into the body and thus enhancing an understanding of embodied changes after breast cancer. The actions involved in presenting lived experiences theatrically have also been found to heal, transform, and emotionally impact audiences.

## 2.4 Setting the Stage

*These texts do more than move audiences to tears. They criticize the world the way it is, and offer suggestions about how it could be different. (Denzin, 2001, p. 24).*

### 2.4.1 Ethnography & Autoethnography

Ethnographic researchers have a long history of studying culture. Boyle (1994 in Morse & Richards, 2002) describes the ethnographic study of culture: “Within a cultural group, behaviors are patterned and values and meaning are shared, and these patterns vary from culture to culture. Ethnography is always holistic, contextual, reflexive, and presented from the emic perspective” (p. 48). Given the situational components of culture and organizations, ethnographers aim to explore the beliefs, values and actions of individuals within the culture as well as the beliefs, values and actions of the culture as a whole (Chang, 2008; Morse & Richards, 2002). Ethnography has roots in the social sciences connected to symbolic interactionism and emerged through a resistance to positivism (Taylor, 2002), as the purpose of ethnography or the exploration of culture is to document changes, practices, or lived experiences either outside or inside the individuals within a culture. Creswell (2003) suggests that ethnography usually focuses on a “response to the lived realities encountered in the field setting” (p. 14). However, the crisis of representation is often documented to show the negative aspects of ethnography (Neumann, 1996; Taylor, 2002). Ethnography is seen as problematic when it may not be an accurate representation of the culture it is imposing upon (see Neumann, 1996). The separations of “us” versus “them” can be problematic, and ethnography is criticized when there is an “outsider” studying a culture, without seeking to properly understand “insider knowledge” (Taylor, 2002, p. 3).

In response to these critiques, researchers are turning to alternative forms of ethnography. They are seeking new methodologies in order to accurately document their own or their research participants lived experiences within culture and society. Taylor (2002) speaks to “theoretically informed ethnography” or “the ethnographic recording of lived experience within the social’...suggesting that through such experience a researcher can obtain knowledge which has a wider reference” (p. 5). Autoethnography and ethnodrama are two examples which incorporate the study of insider cultures or “theoretically informed ethnography” (Taylor, 2002, p. 5).

Autoethnography and ethnodrama both shift away from traditional ethnography. Traditional ethnography primarily uses participant observation from an outsider to study a culture (Bochner & Ellis, 1996; Chang, 2008; O’Byrne, 2007). There is a current movement to instead, study and reflect on our own experiences within a culture or within a research program. Further is to not only write about these experiences but enact or creatively expose our stories. Lincoln and Denzin (In Saldana, 2005) call this shift a “performative turn...[a move] from textual ethnographies to performative [auto] ethnographies” (p. ix). Bochner and Ellis (1996) in speaking about ethnodrama explain this shift further:

Although ethnodrama seeks a closer approximation to an “accurate” portrayal of reality, its incomplete, ongoing, and emergent qualities, and its strong commitment to democratic co-construction, separate it from conventional modes of realist ethnography...The self-consciously reflexive goals of [ethnodrama research]...in which those participating in the system of health care present concrete experiences of their health and social oppression to themselves...ethnographic research acts back on the ethnographer...we can learn about ourselves from studying “them”. (p. 38).

Autoethnography and participatory ethnodramas seek to ensure that the performance, narrative, monologue, story, poetry, theatrical play, or any other creative outlet, comes directly from the participants’ lived culture and social experiences, but includes reflection from the researcher(s)

as well. In some cases, the lines between researcher and participant become blurred; a participant in the play may be a researcher as well (see Gray et al., 2000; Lobel, 2007).

Patton (2002) defines autoethnography with a foundational question: “How does my own experience of this culture connect with and offer insights about this culture, situation, event/or way of life?” (p. 84). Trotter, Brogatzki, Duggan, Foster, and Levie (2006) have utilized autoethnography because they see it as a method that is “becoming central for researching, learning, and writing about lesbian and gay issues” (p. 373). They illustrate that our own voices are significant and create authenticity in our work (Patton, 2002). Researchers are utilizing autoethnography to explain social experiences from their own lived perspective, but also through the use of the sociological paradigm to critically engage with those experiences.

For example, Kolkner (1996) is a researcher who wanted to move beyond “recording and analyzing the lives and worlds of our “subjects” (p. 134), to tell her “story, informed by the tools and conceptual frameworks of sociology” (p. 135). There is a post-modern like shift towards studying the impact of our own experiences and not just the culture of others (Patton, 2002). Ellis (2002) has written an autoethnography based on her experiences with the trauma after of September 11th, she describes this process as “turning something chaotic into something potentially meaningful” (p. 375). The more we learn about experiences and reflect on our own social lives, the greater the prospect for societal and personal change (Frank, 1995).

Researchers have used autoethnography to study various cultural events and activities to give critical insights to the societies in which we live, but Franklin Klinker and Todd (2007)

caution against the “narcissism and self-aggrandizement” which can be attached to autoethnographies in their work, as they explore issues of age and gender in their experiences and decisions to pursue an academic profession (p. 179). They further explain that the purpose of autoethnography is not backed by a desire for attention. Instead, they were motivated by: “the quest for discovery of why and how we came to be at the university [autoethnography] had its roots in helping others and ourselves better understand our decisions...and sparked discussion of richer interpretations and explanations including emotion” (p. 179). The reasoning for writing autoethnography based on the ability to help others and to reach clearer understandings of emotionally charged topics are often revealed in the literature. Illustrating this, Trotter et al. (2006) have found autoethnography to be exceptionally beneficial for social work educators to reflect on their emotional discomfort or defensiveness in connection to issues of sexuality. Their work is about emotional healing within a profession, not about “self-aggrandizement” (Franklin Klinker & Todd, 2007, p. 179; Trotter et al., 2006).

Thus, autoethnography provides an opportunity for academics to write in a way that allows for emotional connectivity in their work. Ellis and Bochner (1996) speak to this:

A lot depends on the reader’s subjectivity and emotions...I recall the comments of one of our colleagues who told me her material life had been profoundly and negatively affected by the raw depictions of sexual abuse in an autoethnography I asked her to read. She apologized for not being a typical reader who tries to keep her professional distance from what she reads. (p. 23).

Bochner’s response to Ellis’s recollection of this reader is that we can praise emotional connectivity to social science research and within autoethnographies, rather than viewing emotional response as a weakness. Such connectivity is a rare commodity in research and within



social science literature, even though these connections are necessary for lived, personal, or societal changes.

Ethnodrama may also result in the establishment of necessary connections for social change. It is a method which uses theatre or performance to emotionally convey research to audiences. Given the narrative and phenomenological foundations of this thesis, which focuses on individual lived experiences, I approach (auto)ethnography from the perspective of individuals and myself within an ethnodrama culture. Chang (2008) explains: “culture consists of cognitive schemas or standards that shape and define people’s social experiences and interactions with others” (p. 21). I focus on the breast cancer survivors within the ethnodrama workshops highlighting the interactions and social experiences which emerged and gave insight into the lived experiences after breast cancer. Phenomenology has allowed for an in-depth understanding of interviewee lived and embodied experiences, this study has allowed me to understand my own experiences as a researcher and participant in the culture of an ethnodrama through autoethnography.

#### ***2.4.2 Ethnodrama***

Ethnodrama has been documented as method which utilizes phenomenological, cultural, ethnographic, and autoethnographic experiences and is geared towards social change. More specifically, ethnodrama is defined by Saldana (2005), in an anthology of ethnodrama research, as a method which “employs the traditional craft and artistic techniques of theatre production to mount for an audience a live performance event of research participants’ experiences and/or the

researchers' interpretations of the data" (p. 1). There is a broad array of techniques associated with this type of method from which a researcher may choose. Denzin (2001) emphasizes the complexities involved:

Performance interviews are situated in complex systems of discourse, where traditional, everyday and avant-garde meanings of theatre, film, video, ethnography, cinema, performance, text and audience come together and inform one another. The meanings of the lived experience are inscribed and made visible in these performances. (p. 26).

The intertwining of audience, participant, and researcher lived experience become revealed through ethnodrama, however they are not uniformly defined in this method. The ways all three of these dimensions "inform one another" throughout the process is unique to each research project and depend on the context and content (Denzin, 2001, p. 26).

Ethnodramas encompass a range of forms, such as one person plays (Lobel, 2008), professionally performed scripts (Goldstein, 2001), readers' theatre (Quinlan, Quinlan, & Fogel, 2008), and community theatre (Butterwick, 2003; Lev-Aladgem, 2006). Another example is participatory research theatre which reflects the ethnodrama projects outlined in this thesis. Denzin (2001) explains that the meanings of lived experiences become apparent in these performances, regardless of the shape or form. Each lived experience is powerfully conveyed to an audience, researcher, and/or participant in a way that has potential for social change. Boal's (1979) Theatre of the Oppressed first conveyed this potential decades ago, where he created scenarios for marginalized groups to be potentially empowered through theatre to change their social situation. Although this occurred twenty years ago, it is only recently that academics are increasingly pursuing theatre creation as a method for knowledge translation and for the purpose of social change. I have outlined my objectives for this project previously and I feel this

exploration is timely, as this method is increasingly being embraced, although still innovative and under researched.

Specific examples of ethnodrama include Lobel's (2008) enactment of a one man play entitled *BALL*, where he performs his experiences with testicular cancer. Gabriel (2008) speaks to this play stating that Lobel "dramatized a personal struggle and found an audience for whom, and with whom, he could assert his humanity" (p. 190). A completely different example is from Goldstein (2001) who has written up her ethnographic fieldwork in the form of a play. The experiences in her playwriting are not her own, but of students experiencing Canada with English as a second language. She questions whether or not these stories are her to tell, but also feels these stories spark change and questioning amongst audiences (Goldstein, 2001). Another example of an ethnodrama scholar is Butterwick (2003) who utilized community based theatre workshops to explore "feminist coalition politics" (p. 449). This project and its theatrical presentations connected academics, community members, and a variety of organizational representatives, encompassing a variety of perspectives surrounding the topic of feminism and social justice (Butterwick, 2003). While these three projects all share the theoretical elements of ethnodrama, it is evident that a variety of content and forms can emerge. In each case, whichever the method, shape, or form of the play, the "meanings of lived experience and subjectivity are [consistently] inscribed in [each of] these dramaturgical illusions" (Denzin, 2003, p. 81).

The documentation of lived experiences through drama also brings beneficial outcomes for researchers in terms of the dissemination of their work. Gray et al. (2000) have been

immensely involved in ethnodrama creation and point out that there are two main arguments supporting its use. First, it addresses a crucial problem where researchers find it difficult to disseminate findings beyond academic institutions and actually reach society: “Theatre has the potential to present research material in a way that helps to clarify and transform social understandings; where insights occur because of audience engagement with dramatic material, the potential for positive individual change is heightened” (Gray et al., 2000, p. 138). For example in Smith and Gallo’s (2007) research they found performances were an effective way to generate reciprocal dialogue between nurses and patients for improved “understanding of human needs and conditions for improved quality of care” (p.527). Performance ethnographies were found to create meaningful connections between nurses and patients, which can even generate social action or social change (Smith & Gallo, 2007).

The second argument is that research based theatre has advantages over text-based approaches “in terms of validity (i.e. remaining true to qualitative research data and ultimately to lived reality)” (Gray et al., 2000, p. 138). The benefits of ethnodrama have been documented mostly around its ability to reach audiences in a way that textual documents cannot and, given this ability, the potential for social and individual change is greatly increased (see Saldana, 2005). Kontos & Naglie (2006) show their discontent with the “flattening approach of text-positivism” which occurs when embodied, lived, and engaged ethnographic experiences are forced into the “semantic” (p. 301-302). Ethnodrama offers the possibility to visually perform an embodied, lived experience for an audience, instead of providing textual descriptions for a reader. Ethnodrama creates the ability to artfully express authentic experiences, which then become experienced and more adequately understood by audiences, individuals, or society.

Along with the potential for dissemination, the researchers' lived experiences and connection to the ethnodrama process should also be recognized as important for learning about this innovative method. Mitchell et al. (2006) have documented their experience in the making of their research drama: "We believe the play, *I'm Still Here*, is an expressive consequence of looking with love and really seeing the world, to the extent possible, through the eyes and words of persons with dementia and daughters of mothers diagnosed with Alzheimer's disease" (Mitchell et al., 2006, p. 205). The ability to understand lived experiences, even though the researchers may have not directly had that shared cultural understanding, arrives through emotionally connecting and seeing the participants' experience. Mitchell et al. (2006) go on to emphasize that they "look forward to learning more about the mysteries and power of research-based drama, as [they]...continue to experience some of the most meaningful, poignant moments in [their]...careers" (p. 206). Ethnodrama is described as exceptionally moving and powerful for academics in their lives and in their careers.

On the other hand, more broadly, researchers have begun to look at the challenges of connecting arts and research. For example, Eades and Ager (2008) discuss initial resistances from healthcare professionals to engage in conversations about art connected to health and healing in the context of patient care interventions. Sooryamoorthy (2007) speaks to challenges in "making research films in sociology" (p. 547) which include obtaining the necessary funding, time, software skills, and even scholarly recognition for films or dramas which fall out of a traditional publication scope.

Researchers also express many concerns or challenges when creating ethnodramas or research based theatre. For example, Stuttaford et al. (2006) outline ethical challenges connected to an ethnodrama disseminating health research in South Africa, where they had concerns about which transcript selections to perform and how to maintain participant confidentiality. Conrad (2006), who created a participatory theatre project with marginalized students in a rural community, expresses ethical concerns as well: "...is it ethical to do Popular Theatre, which often raises difficult personal issues, in the classroom? What are the ethical implications of performing sensitive subject matter? What are the voices that were silenced in our attempt to do participatory research?" (p. 438).

A possible example of a response to these concerns is from Lee (2004), who has utilized popular theatre with girls from "racialized ethnic minority backgrounds" (p. 96) to explore the complexities around their identity. Lee (2004) stresses the importance of being sensitive to complexities of lived experience in theatre projects. She suggests that "facilitators need to foster critical consciousness by suggesting alternative interpretations and narratives for realities that remain unacknowledged...[Facilitators] cannot be content to simply collect and perform stories and to leave interpretations up to participants and audiences" (Lee, 2004, p. 111). She also explains that the process takes time and demands a lot of energy from the participants and researchers or facilitators; this time is mandatory in order to fully capture the experience and present it in a meaningful way (Lee, 2004). Amidst this literature concerning the role of facilitators and researchers, scholars emphasize that the participants are of key importance, especially in participatory guided ethnodramas. In these instances, the participants who have the

lived experience can also become the “actors.” Even though the participants are of key importance, their experience of the ethnodrama process is not well known.

Frequently in participatory ethnodramas the participants have little or no acting experience. This was the case in the projects of the researchers who I interviewed, as well as in works such as Lee’s (2004). Lee (2004) explains that the participants in her study had little or no acting experience, however, they were part of theatre based workshops consisting of “dramatic play and exploration where the girls could begin to name, if even only through bodily gestures, daily experiences related to their racial, ethnic, gender and class identities” (Lee, 2004, p. 101). Lee (2004) speaks to the participants experiences in her work with popular theatre, but there is still a lack of literature on participants’ experience of ethnodrama, especially from their own perspectives.

Some of the practical challenges Sooryamoorthy (2007) speaks to emerged in this thesis, although the specific questions with which Conrad (2006) engages, are connect to this thesis as well. For example, given the sensitive subject matter involved, it was decided it would be unethical to pursue an ethnodrama with women who had not yet begun to emotionally heal after breast cancer. At the same time, the value of ethnodrama seems to be that it embraces emotional and personal lived experiences. Gray et al. (2000) discuss the ways their research seems to have addressed a gap or a “societal avoidance of issues related to serious illness, dying and death” (p. 141). This is through their research based theatre involving women with metastatic breast cancer. Gray et al.’s (2000) ethnodrama was ethical and emotionally changed, but it also gave voice to women at end stages of breast cancer.

In the context of my thesis, ethnodrama could potentially address the challenge that information regarding arm problems after breast cancer is largely unknown. This is attributed to the inadequate dialogue between healthcare professionals and survivorship communities. The possibilities for prevention and rehabilitation, along with understanding the social impact arm problems have on women's daily lives, is currently not made clear to healthcare professionals or survivorship communities. Given the abilities of ethnodrama, this method could potentially aid in finding solutions to those problems.

The researchers connected to this thesis focused upon both the life-changing impact of ethnodrama, as well as challenges which they faced in this process. The importance of the researcher perspective should not be discounted. The challenges and successes experienced with ethnodrama need to be documented to build strong understandings of this new method. Gray et al. (2000) emphasize: "As this new field of research-based theatre continues to grow it will be important for more researchers to detail the process they go through, including their many (inevitable) mistakes and dilemmas as well as their resolutions" (p. 143).

## **2.5 Conclusions and Connections**

Understanding the lived experiences of ethnodrama through phenomenology is an exciting contribution to the literature in the areas of health and illness narratives, phenomenology and embodiment, as well as autoethnography and ethnodrama. Health and illness narratives have established new paradigms and are essential for understanding embodied experiences and working towards healing and reflection. Phenomenology offers a creative and reflexive



understanding of lived experiences such as arm morbidity, caregiving, and ethnodrama.

Ethnodrama provides an innovative way to disseminate those lived experiences through health and illness narratives to society. Autoethnography has been used as an effective technique to illustrate both change and reflection from the perspective of one person's lived experience. The intersection of these three areas brings about not only a heightened understanding of ethnodrama, but also illustrates the way it can evoke healing, storytelling, and change in both participants and researchers. In the next chapter, I describe the methodological approaches to my work -- the explanations of my methodology capture the theory behind the specific techniques or methods I utilized.

### **Chapter 3: METHODOLOGY & METHODS**

*It [methodology] includes the general orientation to life, the view of knowledge, and the sense of what it means to be human which is associated with or implied by a certain research method. We might say the methodology is the theory behind the method, including the study of what method one should follow and why. (van Manen, 1990, p. 27-28).*

In the previous chapter, I positioned my research within literature addressing health and illness, phenomenological, (auto) ethnography, and ethnodrama. These areas form the theoretical and methodological basis for this thesis. I provided examples of what has been accomplished in these areas, how they connect, and what my research perspective will offer to this body of literature. In the following section of Chapter Three, I clarify why phenomenology and why autoethnography were specifically chosen to fit the aims of my thesis. I explain the processes associated with these methodologies. Following the demonstration of my rationale for phenomenology and autoethnography, I then convey the specific methods I used and their rationale for answering: What are researchers' and participants' lived experiences of health and illness ethnodrama projects?

#### **3.1 Methodology**

In this section of Chapter Three, I explore the methodologies of phenomenology and autoethnography. I explain why I specifically chose hermeneutic phenomenology with an emphasis on the work by van Manen (1990) and autoethnography as described by Ellis (1996). This will clarify further why these methodologies best fit the purpose of my work. I conclude this Section (3.1) with a discussion of mixing methodologies, and why this was appropriate and beneficial for this thesis.

### ***3.1.1 Phenomenology as Process***

My research, which addresses creative strategies for knowledge translation and lived experiences of health and illness, requires a methodology which allows for both creativity and reflexivity. Phenomenology allows for the creative uncovering of lived experiences, promotes the ability to explore embodied experiences, and brings heightened awareness to experiences as lived in our lifeworld (Rehorick & Malhotra Bentz, 2009). Studying lived experiences also requires both reflexivity and reflection. Ethnodrama is creative, theatrical, and experienced through the body (embodiment). My thesis follows hermeneutic phenomenology as guided by van Manen (1990). van Manen's (1990) work is most effective in bringing together the study of lived experiences, embodiment, reflection, and reflexivity. The result is a heightened social understanding of lived experiences. He is specific in both the methodological traditions and the direct methods and processes to follow in order to achieve phenomenological outcomes for research projects. van Manen also methodologically suits this thesis because his work suggests creativity and reflexivity can document research in meaningful ways.

Thomas-MacLean (2004a) states that the work of van Manen "best exemplifies a continuity of thought and reflection from phenomenology's inception to its continued practice today" (p. 631). van Manen outlines a contemporary way of "doing" phenomenology based on the important philosophical and theoretical underpinnings from the past. His "hermeneutic phenomenological inquiry" offers a perspective which moves beyond thematically looking at "what the text says" but adds a way to "capture how the text speaks, how the text divines and inspirits our understanding" (van Manen, 1997, p 346). This approach combines

phenomenological lived experience with hermeneutic, interpretive writing, and reflective documents about life experiences (van Manen, 1990, p. 4). His perspective encourages us to question our experiences (van Manen, 1990). Hermeneutic phenomenology involves discovering deep meanings linked to personal experiences, and then creatively expressing and conveying those experiences to our society.

While van Manen's work provides an entry point to phenomenology, how phenomenology is applied to the research process has been debated and there are many interpretations of the methodology. Patton (2002) expresses that "because the term *phenomenology* has become so popular and has been so widely embraced that its meaning has become confused and diluted. It can refer to a philosophy..., an inquiry paradigm..., an interpretive theory..., a social science analytical perspective or orientation..., a major qualitative tradition..., or a research methods framework" (p. 104). These different interpretations have led to different objectives in carrying out a phenomenological study. For example, van Manen (1990) finds that it is "sound practice to attempt to address the phenomenological meaning of a phenomenon on one's own first" (p. 76). van Manen highlights the importance of the researcher's own experience of the phenomenon. On the other hand, Creswell (2003) defines phenomenological research as a process where "the researcher "brackets" his or her own experiences in order to understand those of the participants in the study" (p. 15). Choosing to use phenomenology does not lead one to a clear set of theoretical underpinnings and methodological objectives. However, the methodology does represent a way of exploring experiences that are under-researched, such as ethnodrama participation.

This emphasis on the experiential evolves from processes specific to phenomenology. van Manen (1990) states: “We tend to get a certain satisfaction out of grasping at a conceptual or ‘theoretical’ level the basic ideas of phenomenology, even though a real understanding of phenomenology can only be accomplished by ‘actively doing it’” (p. 8). van Manen (1990) describes how phenomenological interviews should be done. He encourages the development of a strongly formulated research question, before beginning interviews. Then, when interviewing, he suggests keeping “close to the experience as lived” (van Manen, 1990, p. 67). van Manen (1990) also encourages “patience and silence” as this allows for reflection and recollection (p. 68). I was committed to these guidelines while interviewing participants, staying close the purpose of exploring their lived experiences of ethnodrama creation. I was also quiet and attentive. I encouraged thought and reflection from the participants through active listening, and by allowing quieter time for reflection and thought. At the time of the interviews, the participants were not far removed from the process of ethnodrama creation and some were still amidst the process. This allowed for much easier recollection and an easier flow of stories, than if much time had elapsed.

I then used guidelines from van Manen to generate themes from the interviews and workshops. van Manen discusses many approaches to thematizing data. I used a “selective or highlighting approach” (van Manen, 1990, p. 94) with the aid of NVivo 8.0 software. This selective approach asks the researcher to consider: “Are there any phrases that stand out; Can we select some sentences or part-sentences that seem to be thematic of the experience?” (van Manen, 1990, p. 94). I then took those sentences and phrases and divided them into themes which created an overall “structure of lived experience” (van Manen, 1990, p. 87) from the

participants. This structure consisted of the shared lived experiences includes: connections with ethnodrama; challenges of ethnodrama; commonalities between ethnodrama projects; and positive outcomes. NVivo was used as an organizational tool, as this is a methodologically creative thesis, I often read, re-read, made notes, and highlighted on printed copies from the software program. Because I was so close to the data, through my participation in the workshops, field note taking, interviewing, and transcribing the recordings, I was able to continuously reflect on common themes the participants discussed, even as they were being discussed. NVivo aided as a organizational start to data analysis, but my own highlighting and reading of the data produced a much richer investigation into the themes which emerged.

van Manen (1984) encourages a writer of phenomenology to use “personal experience as a starting point” (p.51). My own experience as a researcher and a participant in ethnodrama helped me recognize and more easily discern distinct themes coming out of the interviews as well. van Manen (1990) explains that in phenomenology “we are trying to determine what the themes are, the experiential structures that make up that experience” (p. 79). I was able to share my thematic structure with the interviewees and relate it back to our shared experiences. This was feasible because I was so close to the ethnodrama experience and shared this process with the interviewees. Continuous reflection on the themes about what data fit, and what did not, aided in my uncovering of themes. van Manen (1990) suggests asking the question: “Does the phenomenon without this theme lose its fundamental meaning” (p. 107). This question helped to me to ask: does the theme give meaning to ethnodrama and without it do I lose meaning of the lived experience of its creation? If yes, I could reflect on the theme, determine that it was essential to the ethnodrama process, and start to analyze the participants’ views around the

theme. In Chapter Four, I outline these themes and explain the meanings they have in relation or connection to the participants' lived experiences of ethnodrama. I include their quotations to add further clarity and connection to the findings.

The way I have discussed my findings in Chapter Four, is oriented within van Manen's work. He states that "...the challenge of phenomenological method [is] to make explicit meaning that is felt and grasped at the core of our being" (van Manen, 1997, p. 349). Reflection is crucial in phenomenology (Patton, 2002). I have focused on participants' reflections of their lived experience with creating ethnodrama. van Manen (1997) states phenomenological writing "is thoughtful – [and] that [it] reflects on life while reflecting life" (p. 368). Quotations from the participants and my autoethnography re-create lived experiences to capture understandings that link meaning to the ethnodrama process. van Manen (1997) emphasizes that "a good phenomenological text has the effect of making us suddenly "see" something in a manner that enriches our understanding of everyday life experience" (p. 345).

Looking to many perspectives is also crucial in phenomenology. Morse and Field (1995) explain that "phenomenologists use a wide variety of resources to find the essence of meaning. They engage in conversations with others, obtain descriptions from literature and poetry, watch movies, and reflect on the phenomenological literature" (p. 153). My own experience being a participant in an ethnodrama contributes positively to this project. As congruent with autoethnography guidelines, I have interviewed myself and explored the meanings of my experiences with ethnodrama creation. Looking to many perspectives provides a richer understanding of the phenomenon. Through this thesis, I capture the lived experience of

ethnodrama from not only the participants, but the researchers as well. My own experience as a participant, researcher, and audience member captured through autoethnography represents yet another layer of lived experience. The layering of these experiences has allowed me to introduce the findings of my thesis, while concurrently discussing and connecting the findings to the broader purpose of my work. Just as autoethnography encourages simultaneously presenting an experience with reflection and connection to society and culture (Chang, 2008), I facilitate this technique within my phenomenological findings as well.

### ***3.1.2 Autoethnography as Approach***

Neumann, in Ellis and Bochner (1996) accentuates that “autoethnography stands as a current attempt to, quite literally, *come to terms* with sustaining questions of self and culture” (p. 193). I see this as a methodology which engages and allows you to question your own social position within your culture, including the reality you are connected to, based on a specific and personal experience. Autoethnography allows our experiences to come through in a way that is meaningful, but also can provoke change in readers or audiences: “When autoethnography strikes a chord in readers, it may change them, and the direction of change can’t be predicted perfectly. A lot depends on the reader’s subjectivity and emotions” (Ellis and Bochner, 1996, p. 23). Chang (2008) warns that emotionally writing about your experiences can be viewed by the reader as “emotional catharsis or ‘self-indulgence’” (p. 145). Through my own autoethnography, I express my experience with the creative, innovative method of ethnodrama, as a way to document the potential that creative methods have to change society and individuals. I have purposefully chosen to use a creative method (autoethnography), not to self indulge, but to



express experiences of an innovative and newly explored creative method (ethnodrama). My hope is, as Ellis and Bochner (1996) have found, that this piece will “strike a chord” in readers, giving them new insight into this method (p. 23).

Neumann (1996) states, that autoethnographies may not account for the changing nature of our society. However, Neumann (1996) also suggests that: “Autoethnography reminds us that ethnography-like other forms of cultural representation-matters deeply in the lives of others who find themselves portrayed in texts not of their own making” (p. 191). Autoethnography facilitates an ability to represent our own voices, in a way that is of our own choosing, while illustrating much about the social context of our work. Social scientists are increasingly taking on innovative, creative qualitative methods to reach new audiences, generate better understandings, and break away from ivory tower-like approaches to generating knowledge about society (see Bagley and Cancienne, 2002). Furthermore, academics are exploring their own voice in their work, embracing opportunities of the same self-disclosure their participants are often expected to employ (Valentine, 2007). Nunkoosing (2003) states that “the best we can do is to retell the person’s story while retelling our own story as a researcher” (p. 703). I feel this is exactly what I have done. Just as my participants have wonderfully shared their stories with me, I now share my story with them.

However, the process involved with carrying out an autoethnography can be complex, as I learned as I worked on my own. Researchers such as Goodall, Denzin, Ellis, and Bochner (Patton, 2002) have mapped the process of autoethnography, demonstrating the importance and relevance it has for social research. There are also specific criteria and standards now mapped to

evaluate the methodology, giving the method enhanced credibility for critical readers (Patton, 2002), which I discuss in a subsequent section of this chapter, but for now, I turn to the literature which guides the process of writing autoethnography.

Although autoethnography is relatively new, I relied on some established guidelines (Chang, 2008; Ellis, 1996). Ellis's work has inspired many sociologists to explore their own voice within their social lives and express it in academic writing (for example, Santoro & Boylorn, 2008). Ellis's autoethnographic process was chosen as it fits best with my own personal writing style. Patton (2002) describes this process, as he quotes from Ellis's (1999) work:

I start with my personal life. I pay attention to my physical feelings, thoughts, and emotions. I use what I call systematic sociological introspection and emotional recall to try to understand an experience I've lived through. Then I write my experience as a story. By exploring a particular life, I hope to understand a way of life. (p. 86).

Like Ellis, I weave my experiences into a story which embraces sociology and phenomenology. Aspects of sociology have become evident and intertwined in my personal story where it becomes more than a narrative – an insight into my own social world. My own experiences of ethnodrama creation bring layers of perspective into the method, having personally experienced the process as both a researcher and a participant.

Through the hope study of care giving for loved ones with dementia, I was able to be a participant and experience ethnodrama from an “actor” perspective. I have documented my experiences as a participant by the use of autoethnography in Chapter Five. I started with my own field notes, jot notes, and collections of sociological material which relate to my experience of ethnodrama. These were collected through my lived experiences of being a researcher and

participant connected to ethnodrama. I also have included fragments of data collected from the interviews, which particularly resonate with my own lived experience. My approach is described in more detail in Section 3.2, where I discuss methods. I bring together these pieces of data to tell my story and give further insight into ethnodrama. Chapter Five also connects my findings to the literature and ties in my methodological approach. Before turning to an in-depth discussion of research methods, and subsequently my findings in Chapters Four and Five, I briefly consider the implications of mixing methodologies.

### ***3.1.3 Combining Methodologies***

O'Bryne (2007) speaks to the importance of being aware of what it means to mix methodologies. I have purposely chosen to mix phenomenology and autoethnography. O'Bryne (2007) states that "it is essential that the paradigmatic philosophies and the methods of inquiry be evaluated for commensurability and that the advantages and disadvantages of combining methods are delineated as they relate to each paradigm" (p. 1381). In the previous sections of this chapter, I outlined phenomenology and autoethnography. Utilizing more than one qualitative method allows for a rich understanding to emerge because there is more than one analysis. Herein, I have chosen to discover lived experience from both phenomenology and autoethnography. My analysis seeks an in-depth understanding from participants based on their stories of lived experiences -- this is similar to phenomenology -- but also allows stories to "stand on their own as pure description of experience, worthy as narrative documentary experience" (Patton 2002, p. 115-6). This resonates with autoethnography, which also facilitates stories or personal narratives, "in which the researcher's story becomes part of the inquiry into a

cultural phenomenon of interest” (Patton, 2002, p. 116). Ballard (2009) powerfully articulates the connection between autoethnography and phenomenology: “Autoethnography is not just about understanding ourselves, others, or the culture around us, but it is also about the phenomenological lived experience of abstract constructs” (p. 480).

Both methodologies encourage a high level of reflection and introspection into ourselves, our society, and about phenomena we about which we know little. In this case, it is the lived experience of ethnodrama. Both methodologies also emphasize the importance of understanding the lived experience, which demonstrates their commensurability. Phenomenology and autoethnography bring together an in-depth understanding of ethnodrama from three key perspectives: those of the participants, researchers, and myself as a researcher, participant, and audience member. I have made a conscious decision to combine these methodologies in my methods and see them working together in positive and purposeful way to reach the objectives of my thesis.

The methodological underpinnings guide the methods of research. In the previous section of Chapter Three, I outlined the attributes of phenomenology and autoethnography, demonstrating that they are methodologically congruent and that they fit my purpose and objectives. In this next methods section (3.2), I discuss the implementation of my methodology through the methods I employed. These methods include ethnodrama workshops, phenomenological interviews, and journaling to compose an autoethnography. I begin by introducing the data collection process and then I intertwine the specific methods and procedures.

### **3.2 Methods: Field Notes, Interviews, & Journaling**

Data collection was complex, as qualitative research projects can be. It is important to emphasize that each of these intertwined method components were directed towards the purpose of this thesis: To explore lived experiences of ethnodrama creation with the objectives of increasing understanding around its creation and of its potential for social change, as well as exploring the credibility of ethnodrama to be a successful health research dissemination tool. In this section, I first provide a brief explanation of the relevant ethical considerations. I then examine each method: ethnodrama workshops, phenomenological interviews, and autoethnography. I include what was systematically completed during each step of the research process: field notes, interview data, and journaling. I then incorporate an evaluation of this qualitative research project, evaluating the methodology and methods of this thesis. I conclude the chapter by connecting the interviews and the workshops, as they illuminate the findings of this thesis. The following table adds further clarity to my research methods:

**Table 1: Research Methods**

	<b>3.2.2 Ethnodrama Workshops for Breast Cancer Survivors</b>	<b>3.2.3 Ethnodrama Researcher, Dramatist, and Yoga Teacher Interviews</b>	<b>3.2.4 Researching Myself</b>
<b>Participants</b>	Six Breast cancer survivors coping with arm problems as a result of their diagnosis  A dramatist and a yoga teacher  Myself	Two dramatists  Three ethnodrama researchers  One yoga Teacher	Myself  And others who were involved with the ethnodramas and the research process
<b>Type of Data</b>	Five Workshops consisting of yoga, journaling, & story-telling in the context of theatre and experiences of arm problems after breast cancer  Collected field notes and one recorded workshop	Four in-depth, open-ended interviews (digitally recorded and transcribed)  Analyzed using thematic coding according to phenomenological guidelines	Reflective field notes from journaling on my experience of acting in an ethnodrama with caregivers of Alzheimer's or dementia-diagnosed loved ones  Reflective journaling on my experiences with ethnodrama throughout the data collection and analysis for this thesis
<b>Context, Location, or Event</b>	Community church basement	Participants' home and offices	Performances at a Seniors' Convention and at a Senior Centre Workshops at a community church
<b>Time Frame</b>	November 2007-February 2008	January-February 2008	September 2007-December 2009
<b>Purpose</b>	To create an ethnodrama out of monologues from the workshops speaking to lived experiences of arm problems after breast cancer  However, the outcome was a gentle healing yoga classes for women to start a gentle connection with their bodies after breast cancer. Program started in February 2008 and is still continuing a year later	To gain a better understanding of lived experiences of ethno-drama creation- exploring the successes and challenges of the method along with its ability to improve understandings of health and illness experiences	To include a participant's lived experience of ethnodrama to complement those experiences of the researchers and teacher, as an ethnodrama was not produced with the participants from the breast cancer workshops

### ***3.2.1 Ethical Considerations***

Ethics approval was granted by the University of Saskatchewan's Behavioural Research Ethics Board on November 4, 2007 (see Appendix G). Consent forms were then signed by all interviewees and workshop participants. All participants were made aware that the data collected from the study would be used in publications and conference presentations. The data collected for this thesis was de-identified and participants' names were replaced with pseudonyms. The opportunity was given to the interviewees to remove any information that would identify them in this thesis. The interviewees were informed that agreeing to the contents of the interview consent form (see Appendices D & E), constituted consent for the researchers to use the transcripts from the audio-tapes, and the summary notes arising from the interviews, for the purposes of the study. At the beginning of the interview, I informed each interviewee she could stop the interview at any time without any negative repercussions, and that she could also withdraw her transcript without any negative repercussions.

The participants for the workshops were informed that their signature on the workshop consent form (see Appendix F), and agreeing to take part in the series of workshops, constituted consent for the use of transcriptions from the audio-tapes, and field notes arising from the workshops for the purposes of the study. Confidentiality was discussed and encouraged, but could not be guaranteed. The workshops aimed to be a rewarding and beneficial experience for the participants. However, the consent forms encouraged the women to take a break at any time, if, for instance, they became tired, did not feel well, or if they became upset. If, at any time, the

participants were not comfortable with the audio-taping or note-taking, they could leave the workshop without any negative repercussions.

### ***3.2.2 Ethnodrama Workshops for Breast Cancer Survivors***

The initial ethnodrama workshops came out of the analysis and implications of qualitative interviews from an ongoing research project entitled: *Charting the Course of Arm Morbidity in Breast Cancer: A Prospective, Longitudinal Follow-up*. This study is a national project with four sites across Canada. The team has been collecting longitudinal data about the course of arm morbidity with participants from each site utilizing both quantitative and qualitative measures (Thomas-MacLean et al., 2008). Arm morbidity is significantly affecting daily lives of breast cancer survivors (Thomas-MacLean & Miedema, 2005). Based on the documentation of experiences of lymphedema, range of motion problems and pain, there emerges an embodiment of disability which affects many areas of life including work, partners, children, and friends (Thomas-MacLean & Miedema, 2005). Two team members, Thomas-MacLean and Quinlan, chose to utilize ethnodrama as an innovative qualitative research dissemination tool that would begin to share some of the disability experiences with healthcare professionals and within the community. I became a part of this project as a research assistant. I was encouraged to examine a part of this ethnodrama project for my Masters' thesis and I embraced this opportunity to explore lived experiences of ethnodrama creation more broadly.

There is not a single methodical process to create an ethnodrama. Denzin (2003) writes that “the text must be realistic, concrete as to character, setting, atmosphere, and dialogue” (p.



117). Denzin (2003) acknowledges that all performances will differ, but work has not been done in terms of developing a template for how to methodically go about creating an ethnodrama, possibly due to the creativity involved and the variance of research paradigms, topics, and participants.

Since the two arm morbidity research team members had access to in-depth, qualitative data about the impact of arm morbidity, the first task at hand was to find a dramatist who would take charge of moving the data and potential participants towards a theatrical piece. The first dramatist interviewed did not work out due to time constraints. A second dramatist was found. She also had a very busy schedule but made time for the project over a three month span: October 2007- December 2007. This meant the project had to move quickly into recruitment. This also meant there was pressure to quickly complete an ethics application to the University of Saskatchewan's Research Ethics Board. Denzin (2003) warns researchers about difficulties to get approval for "new, interpretive and qualitative developments in the social sciences" (p. 254). However, we were able to get approval in time with none of the problems that qualitative researchers are often warned about or face.

Recruitment for the workshops began in October, 2007 through collaboration with the Saskatchewan Breast Cancer Network, a community cancer help centre, a massage therapist, and word of mouth. The following is a segment of the recruitment document that was used to attract possible participants.

*Researchers from the Sociology Department at the University of Saskatchewan are working to increase awareness, knowledge, and understandings of arm problems after breast cancer. We are seeking your involvement in a series of workshops starting Nov. 5<sup>th</sup> [2007] where theatrical techniques will be used as an*

*activating tool, but **no** acting training of any kind is required at all! The theatrical techniques will be used to unite, uplift, inspire, and heal. A series of games, playful exercises, and gentle yoga, will be used to develop trust within the group and establish a safe space to explore together experiences of arm disability and how it relates to the lived experiences of breast cancer survivorship.*

The recruitment criteria were that the women would be experiencing or have experienced arm problems after breast cancer at any point in their lives. They also could not be currently undergoing cancer treatment. I refer to the women as breast cancer “survivors” throughout the following chapters to avoid confusion with the researcher participant interviewees. There are varying interpretations or negative connotations outlined in the literature with using the label of “survivors” (Little, Sayers, Paul, & Jordens, 2000, p. 501). I use this term to add clarity and acknowledge the importance of the participants’ continued healing after breast cancer in the findings.

Recruitment of breast cancer survivors did not occur easily. We initially hoped for seven to ten participants. Through collaboration with the dramatist, and in consideration of her availability, we decided to forge ahead regardless, thinking that as long as two to three women were present, a meaningful project could be created. Space was lined up with a community church basement. The church was attached to a local theatre setting where community theatre and professional plays were produced. The basement was cozy and calm, it created a safe and comfortable atmosphere for the women.

The workshops were directed through the eyes of the dramatist, although she used a participatory approach where she was constantly attentive to what the women were saying. She worked toward meeting their expectations. At the dramatist’s suggestion, a yoga teacher was

invited to contribute to the workshops too. Her yoga techniques would prepare breath for theatre work, but also would create a calm and healing space that would open the women up for sharing stories.

Initially six workshops were planned, but five were completed due to troubles with recruitment at the beginning. In the end, a total of six breast cancer survivors coping with arm problems were involved in the workshops at various points. Four workshops had two women at each and one workshop had three women in attendance. Each workshop was held from 7:00 to 9:00 p.m. The opening consisted of introductions or a brief interlude into the night, half an hour to an hour was then devoted to gentle yoga and breath work, to calm the atmosphere and connect with the women. Often the half an hour would extend into an hour as the women appreciated this part of the workshop so much, and the yoga teacher could sense their enjoyment of this aspect. The dramatist would then carry out a journaling exercise where the women would write three whole pages without lifting their pen off the page, just writing whatever came to mind. The women could share with the group, if they wanted to, any of the special thoughts, memories, or experiences that were written through this exercise.

It was fascinating how conversations flowed after the journaling. Stories ranged from their personal arm problems to everyday observations and reflections. I took part in each workshop and I was a participant in the yoga, the journaling, and the storytelling. The most significant part of the ethnodrama workshops was the participatory component. The dramatist would guide the structure of the workshop, and the women would guide the flow of what they wanted to share and experience with the group.

During the journaling component of the workshops, I would often write notes about the yoga or the discussion that was taking place. I would leave the workshops, grasping to take in the complexities and uniqueness of each event. As part of data collection, I then would type field notes and reflect on what happened. Field notes are an effective data collection method for qualitative research. They track intense, detailed information through the research process that is then rewritten for readers so they too will have the ability to experience the observed phenomena of the study (Patton, 2002). Field notes aid in terms of writing up research findings. Wolfinger (2002) describes them as servicing “the crucial role of connecting researchers and their subjects in the writing of an ethnographic account” (p. 92). They also support the research process in that there are often qualitative situations where field notes are the only or one of the few data collection possibilities. For example, researchers have documented problems with tape recorders as intrusive and disruptive to the process (Smith, 2005). In our study, field notes were utilized because of the complexities of the workshops and the process of ethnodrama creation in general. Yoga is very quiet activity and visually capturing what is going on through field notes was more useful than a recording and transcript would have been.

Moreover, Smith (2005) states that “researchers must be self aware of their position within the relationship and aware of their need for engagement in power-sharing processes” (p. 97). In research situations, the importance of being aware and committed to respecting participants and making them comfortable through a transparent research agenda is key (see Smith, 2005). The group slowly established comfort and it was not until the last workshop that the dramatist felt it was possible to record voices in a non-intrusive way. Morgan (1997)

encourages researchers to respect and pay attention to issues of privacy. In my research, field notes allotted for comfortably capturing what was happening, while respecting the participants' comfort levels, allowing for trust to build between the participants, dramatist, yoga teacher, and myself.

Wolfinger (2002) outlines several strategies for how to actively and effectively take field notes. One strategy that compares to my approach is “Comprehensive Note-taking” (Wolfinger, 2002, p. 90). This is where a researcher “systemically and comprehensively describe[s] everything that happened during a particular period of time, such as a single trip to the field” (Wolfinger, 2002, p. 90). Each workshop represented a trip to the field for me. This method also has the advantage of being able to “recreate events in the order they really happened. This can aid in the recall of details that otherwise have been forgotten” (Wolfinger, 2002, p. 91). At times, note-taking did not always flow well, but I embraced field notes at all points of this process, from the first workshop, to a casual coffee date with a participant who just wanted to catch up after the yoga classes. I would jot down everything that happened at each session, in the order which events occurred. I wrote about these events and the experiences which took place around them. I used these jot notes to recall the details that I would have forgotten without them. These field notes became essential sources of data.

At one point during the workshops, there were two women who consistently came to the group and a comfort level was established enough to digitally record the focus groups. This recording was transcribed and analyzed with detail thematic coding. At the end of the pilot project, for various reasons but mostly the desires for healing of the women, it was decided that a

performance would not be in the best interest of the group. My field notes remain useful in documenting the experience and process of ethnodrama workshops. I turn now to a discussion of my interviews, which further elaborate on the process of ethnodrama.

### ***3.2.3 Ethnodrama Researcher, Dramatist, & Yoga Teacher Interviews***

These interviews were facilitated to address two needs that emerged from the workshops. The first was to explore how this project should or could move forward given that an ethnodrama did not unfold. Given that it was a participatory pilot project, we also did not want to leave the women feeling abandoned or with their expressed desires to move forward unmet. The second was to address how my thesis would move forward. Since I was to still explore lived experiences of ethnodrama creation, phenomenological interviews would be conducted with people who had recent experiences with the facilitation of the ethnodrama process.

The interview participants consisted of two dramatists, three ethnodrama researchers, and one yoga teacher. The first dramatist interview was recorded at the beginning of the arm morbidity project to obtain her insights on the ethnodrama process, as she discussed it with two ethnodrama researchers. This dramatist was not directly involved in an ethnodrama after this discussion, but provided many insights into the process. The second dramatist was directly involved in the breast cancer survivors' workshops. Along with being so close to the process, she also has immense dramatic experience in directing, acting, teaching, and research. At the end of the workshops, this dramatist was interviewed with the yoga teacher, who also was directly involved in the survivors' workshops, and was closely connected to the participants at

the workshops. The yoga teacher's knowledge of research, yoga, and the workshops provided invaluable insight. In addition to the two dramatists and the yoga teacher, three university researchers were interviewed about their experiences of ethnodrama creation based on their academic involvement in ethnodrama projects. The researchers all had vast exposure and experience in qualitative and mixed methods projects, but their experiences with ethnodrama specifically ranged from a first time pilot project to being directly involved in several types of participatory research theatre projects.

I had been connected to some of the researchers' ethnodrama projects and asked if they would be willing to take part in an interview and they agreed. I did not have anyone decline or decide to opt out of the interview process at any time. Interviews took place at convenient, quiet, comfortable locations for all the participants, based on their preferences. The dramatist and the yoga teacher decided to have their interviews done together and a more focus group type of approach was taken for their interview. The first dramatist also participated in a focus group like setting where she spoke to the possibilities of joining the group with the researchers involved, and later declined to take an active role.

Appended are my interview guides, which evolved based on new knowledge, and who I was interviewing (see Appendices A, B, & C). There were three interview guides used, one for the researchers connected to the breast cancer ethnodrama, one for the researcher who was connected to different ethnodramas, and another for the dramatist and yoga teacher interview. The guides provided helpful probes, but were not always followed word for word, as our interviews were often conversational. My transcripts and field notes were analyzed with the aid

of NVivo 8.0, qualitative analysis software, but also with my own highlight approach. I used phenomenological or thematic analysis as guided by van Manen (1990), these techniques were described previously. In my findings section, Chapter Four, I identify the themes emerging from my field notes and interviews.

### ***3.2.4 Researching Myself***

In Chapter Five, I include my autoethnography, my narrative experience as a participant in an ethnodrama on caregiving for loved ones with Alzheimer's or dementia. I share my experiences, thoughts, and reflections, as I write my story of being on an actor on stage, a qualitative researcher, and an audience member of ethnodrama. Chang (2008) emphasizes that autoethnographies are more than descriptive narratives: "I expect the stories of autoethnographers to be reflected upon, analyzed, and interpreted within their broader sociocultural context" (p. 46). I not only describe my lived experience of ethnodrama, I aim to relate these experiences to my social reality or my lifeworld. I also strive to connect my own experiences to those of the participants in the workshops and interviews. Furthermore, I seek to assist readers who will make their own meaning out of my experience. I hope to help readers to better understand the amazing potential ethnodrama has for personal and social change. Thereby, I am comfortable labeling my story as an autoethnography. However, as previously discussed in the literature review, descriptions of health and illness in narratives or stories have also been shown to heal, promote social change, and guide individuals to make meaning out of embodied experiences.



I used three methods to write my autoethnography, or research myself: data collection, data management, and data analysis (Chang, 2008, p. 121). Chang (2008) explains that these three methods are not sequential, although I decided to begin with data collection. I followed advice from Ellis (1999) in how to collect data for an autoethnography. She explains:

The truth is that we can never capture experience. Narrative is always a story about the past, and that's really all field notes are: one selective story about what happened written from a particular point of view at a particular point in time for a particular purpose. But if representation is your goal, it's best to have as many sources and levels of story recorded at different times as possible. (p. 673).

I used a journal to capture my experience acting in an ethnodrama. La Jevic and Springgay (2008) explain that journaling facilitates the ability to make meaning out of an experience through our own embodiment, using both our bodies and minds for reflection. I wrote down or typed out the details of my experience and my reflections on the performances. I also had the opportunity to orally reflect on the experience of the performances with other participants in the group and the researchers connected to this ethnodrama study. I began journaling these conversations. This performance was videotaped and I had the opportunity to watch the clip. This viewing added yet another layer or level of reflection for me, where I did not only have to use my mind's eye to visualize and write about what my body had experienced.

My data emerged in the forms of field notes and a journal. They contained not only the descriptive details of the performance, but also my reflections on how I was feeling throughout the process. This data was thus collected, although I had already started managing it, thematically connecting it and analyzing it. Chang (2008) explains that this is a normal process, since one person is the “generator, collector, and interpreter of the data” (p. 127).

I then followed Ellis's (1999) advice further, as I began to write my story: "You'd want to tell a story that readers could enter and feel a part of. You'd write in a way to evoke readers ... You'd want them to experience the experience you're writing about" (p. 674). With an attempt to adhere to this guidance, I then typed out my story, descriptively as possible. I continuously refined the writing and wove in reflections and connections to my lifeworld. I also added connections to the experiences of participants I interviewed for this thesis. I wanted to evoke a greater understanding of the experience of ethnodrama. Lastly, I connected my story to the literature and methodology of my thesis. This story would not only be a unique addition to the experiences presented in Chapter Four, it would also be a creative technique to conclude and connect the findings of the thesis as a whole. Thus, I aimed to have my autoethnography generate a shared, in-depth exploration of the experience of ethnodrama as lived.

### **3.3 Evaluating Qualitative Research**

*Sooner or later one must test one's insights against those who belong to the tradition of one's subject of study. And it is then that a researcher becomes aware of as yet unformulated or unsuspected specifications and dimensions of meaning. In this way the work of others turns into a conversational partnership that reveals the limits and possibilities of one's own interpretive achievements. (van Manen, 1990, p. 76).*

Combining art and creativity with research has been described as a complex endeavor and even a struggle (Bagley & Cancienne, 2002). Qualitative research involving the arts poses challenges for researchers trying to find legitimacy in their work. Blumenfeld-Jones (2002) articulates this challenge:

There may be varying interpretations about the meaning of artwork and, for research, there is meant to be only one interpretation of it. However, if research were simple and straightforward upon examination there would be no disagreements among researchers into a specific area and we know that there are. No research, even quantitative research, is free from the interpretive and the personal. (p. 92).

I am working from this assumption, that all research is open to interpretation and intertwined with subjectivity. Despite this assumption, there are guidelines to evaluate qualitative approaches, even the most creative and interpretive pieces of research. I begin with a discussion on the evaluation of phenomenology and then autoethnography. This is followed by an evaluation of qualitative research in the broader sense.

I have documented how van Manen approaches phenomenology as a methodology and a method. He goes on to further to explain what comprises sound phenomenology: “Phenomenological descriptions, if done well, are compelling and insightful. The eloquence of text may contrast sharply with the toil and messiness, and difficulties involved in the research/writing process” (p. 8). I believe that the accounts of lived experience with ethnodrama the interviewees shared with me, elicited both “compelling and insightful” descriptions (van Manen, 1990, p. 8). It is a challenge to frame these quotations in such a way that will create a shared essence and a shared experience with readers. It seems it would be most effective for me to evaluate with readers, exploring their experience upon reading this text. The purpose of phenomenology is to discover our lifeworld, explore a phenomenon, and come to more fully understand ourselves, through in-depth reflection which then evokes reflection amongst others. In evaluating this research, I hope that a reader would come to understand ethnodrama in a meaningful way, and that they may, in turn, reflect on their own experiences of how art and research come to be merged and lived.

Phenomenology seeks to explore experience as lived, while autoethnography seeks to explore a cultural experience from an individual perspective. In evaluating an autoethnography,

Chang (2008) suggests that the text is supposed to generate a greater cultural understanding. Ethnodrama is the theatrical display of cultural (from the root word, ethno) experiences. In my autoethnography, I aim to capture the lived experience of being a part of the ethnodrama culture. I hope that a reader would come to sense what it is like be part of an ethnodrama – a part of a group which is dramatically displaying their experiences. Ellis (2002) explains this through her autoethnography on the aftermath of 9/11: “I tell and analyze this story to stimulate dialogue among social scientists and qualitative researchers about the meaning of events” (p. 378). I provide my own story, to hopefully intrigue other qualitative researchers about the method of ethnodrama. I also hope my story and the interviewee experiences might encourage greater reflection on readers’ own experiences with their own qualitative methods.

Chang (2008) has developed specific criteria to analyze autoethnography. Some of these guidelines include: “Identify exceptional occurrences” (p. 133); “Connect the present with the past” (p. 134); “Analyze relationships between self and others” (p. 134); and “Compare with social science constructs” (p. 136). An autoethnography should not be a purely descriptive event, but a story which highlights meaningful moments, both presently and past experienced. It should also connect with the relationships the individual has within the culture and to society as a whole. Furthermore, de Freitas and Paton (2009) emphasize the personal component: “Autoethnographic narratives also evoke a sense of transparency and presence, often causing the reader to believe that they have unfettered access to the author’s thoughts” (p. 484). Through my autoethnography I have italicized my inner voice, to establish this connection. I also aim to adhere to Chang’s (2008) criteria -- to make this more than a story, but also a connection to the ethnodrama culture, my lifeworld, and to the society we study.

Evaluating any qualitative research study can be challenging, depending on the methodologies and approach taken. As previously mentioned, I am working from an interpretivist framework, with an interpretive methodology. Tobin and Begley (2004) document the shift where researchers, such as van Manen, resist the idea of validating through rigour in interpretivist approaches, as rigour is suited for empirical data. Instead, researchers such as Bochner (2000) are seeking criteria to judge qualitative narratives on their ability to evoke meaning, rather than purely describe.

Bochner (2000) explains that instead of worrying how our work is “judged” we can begin to question “whether or work is useful, insightful, or meaningful – and to whom” (p. 267). Ellis (2000) explains how she evaluates narrative research: “If I read the whole story, stopping frequently to think about details of my experience, my memories or feelings called forth by the piece, then the work has evoked me” (p. 274). Furthermore, if Ellis (2000) is evoked, she also asks many questions including:

Did the author learn anything new about [her or] himself? ...Will this story help others cope with or better understand their worlds? Is it useful, and if so, for whom? Does it encourage compassion for the characters? ...Does the story promote dialogue...? Does it have the potential to stimulate social action? (p. 275).

For Ellis (2000) and Bochner (2000) effective narratives are about inducing emotion and generating a compelling, useful connection with a reader. This meaningful connection might start a conversation or even generate social change. If this is the case, we can determine that a text, whether it is phenomenology or an autoethnography, is both meaningful and useful to a particular audience. In my view, I would hope this work judged on its ability to evoke a reader with a meaningful and greater understanding of ethnodrama.

### **3.4 Conclusions & Connections**

In this chapter, I outlined the methodologies and methods employed in my work. Through evaluative techniques of phenomenology and autoethnography, I have revealed that a successful narrative should evoke meaning and emotion from a reader. A phenomenological or autoethnographic narrative should also create a social connection with a reader which promotes reflection on their own lives. The text should be useful for a reader to learn about fascinating lived experiences in society. I feel my work will be meaningful and useful for readers interested in innovative qualitative methods. I also feel my work is meaningful to the participants that I have shared this research process with me. I hope that my documentation of these findings with such compelling, thought provoking methodologies may help readers share my view that this is a successful, qualitative research project.

I believe the outcomes of the healing yoga program along with the lived experiences of ethnodrama creation are especially successful, meaningful and useful. After the workshops with the breast cancer survivors, and the interviews with the dramatist and yoga teacher, it became apparent that setting up a yoga program for breast cancer survivors was absolutely central to this project. The women described yoga as meaningful and beneficial, and had a desire to carry on with yoga to heal their minds and bodies. I collaborated with the yoga instructor from the workshops and with a community cancer help centre to create a program there. The centre donated space to keep this free of charge and accessible for all women. One of the researchers paid an honorarium, from one of her research grants, to the yoga teacher. The class filled up to its maximum of twelve women within a few weeks of advertising. Although this outcome is not

a conventional measure of the value of our research, it is an indicator of its importance. In the next chapter (Chapter Four) I expand on the findings from the workshops and interviews which not only speak to yoga but about all the study participants' lived experiences.

## **Chapter 4: EXPERIENCES OF ETHNODRAMA FROM PHENOMENOLOGY**

*As researchers we belong to a moral community. Doing interviews is a privilege granted us, not a right that we have. Interviews are things that belong to us. Interviews are part of the dialogic conversation that connects all of us to this larger moral community. Interviews arise out of performative events. They transform information into shared experience. (Denzin, 2001, p. 24).*

In the previous chapter, I outlined the specific methodological underpinnings of this thesis. I also explained the methods used to collect and analyze the phenomenological and autoethnographic data. In Chapter 4, I focus specifically on the findings from the workshops with breast cancer survivors and the interviews I conducted. I first present an account of the interviewed participants involved, including their profiles and pseudonyms. Second, I discuss the themes derived from the interviewees' (i.e., explain again who the interviewees are) lived experiences. There were three thematic areas which emerged from this interview data. I created these themes in connection with yoga metaphors: 1) Beginnings and Decisions: Emotional Connections with Ethnodrama; 2) Collective Poses: Practising, Learning and Building Trust; 3) Social Change, Healing, and Breaking Isolation: Making Meaning & Blessings of Namaste.

After explaining the interview metaphors and the themes they represent, I then discuss the findings from the workshops. These workshop findings emerged from the yoga/drama sessions with the women with arm problems. The data from these workshops is derived mostly from field notes as only one of the five workshops was recorded and transcribed; this transcript was analyzed along with the field notes and interview transcripts. In Section 4.2, I also include data from one of the dramatists, and the yoga teacher, as these two people played a major role in the workshops. I also refer to my transcript and my field notes which specifically pertain to the workshops and further articulate the themes which emerged. These themes from the breast



cancer workshops include: 1) Lack of Support; 2) Breaking Isolation; 3) Healing; and 4) Benefits of Yoga after Breast Cancer. These workshop findings led to the creation of a yoga program, instead of a theatrical, ethnodrama performance. This yoga program will be discussed in the conclusion of this chapter, but also in the subsequent, autoethnographic, final chapter of this thesis. I conclude this chapter with a discussion and comparison of the interview and workshop findings, thereby linking phenomenological findings from the interviews and the workshops. Although as previously explained, I introduce and discuss my findings concurrently throughout Chapters Four and Five. This is useful to reveal my continuous reflection on the findings, as well as link my findings to the broader purpose of my work.

#### **4.1 Participants & Profiles**

As previously noted in the methods section, interviewed participants shared their experiences of the ethnodrama process: Three researchers, two dramatists, and a yoga teacher were interviewed. Themes emerged around their definitions of ethnodrama, the foundations of creating an ethnodrama, the challenges, and the successes of ethnodrama. The interviews with the dramatist and the yoga teacher contain insights which fall into both the interview and the workshop themes, thereby enhancing a rich understanding of their lived experiences of ethnodrama creation, thus, as noted above, I discuss data from these interviews in Section 4.2 entitled: Interview Experiences. The following profiles provide an introduction to the interviewees.

**Wilma** is the first dramatist interviewed to explore the workshop process and how an ethnodrama may unfold with women coping with arm problems after breast cancer. Was not directly involved but provided recorded insights on the process.

**Jane** is the dramatist directly involved in the workshops with women coping with arm problems after breast cancer.

**Della** is the yoga teacher directly involved in the workshops to facilitate breath work and enhance trust and comfort with the group.

**Leigh** is an experienced qualitative and mixed methods researcher, directly involved in the projects with women coping with arm problems after breast cancer and coordination of the ethnodrama pilot project, a first time experience with the method of ethnodrama.

**Lynn** is an experienced qualitative, quantitative, mixed methods, and ethnodrama researcher. She was directly involved in the projects with women coping with arm problems after breast cancer and coordination of the ethnodrama pilot project, as well as numerous other ethnodrama, participatory theatre groups.

**Maggie** is an experienced qualitative, quantitative, mixed methods and ethnodrama researcher through various health and illness related projects.

I now turn to a summary of the workshops and their participants. These women were invited to participate in a series of workshops to explore their experiences of arm problems after breast cancer, and to disseminate those experiences theatrically. These workshops were participatory, meaning the participants ultimately guided the process based on their own experiences and moved towards a project that would best suit their own lives. As Patton (2002) recommends, their participation was “real, not token” (p. 185). The dramatist, the yoga teacher, and I were present at each workshop. Two of the interviewed researchers, Leigh and Lynn, were also present at one workshop each. As mentioned in the previous chapter, recruitment was a challenge for these workshops and it was necessary that the researchers did not outnumber the women who attended. This being the case, the researchers did not attend all of the workshops, knowing in advance that the number of participants was limited. . There were six women who attended the workshops at various points throughout the series. A transcribed workshop and field notes capture the powerful insights and lived experiences shared by the six women coping with arm problems after breast cancer. These experiences are shared in section 4.3, entitled: “Workshop Experiences.” Participant profiles appear below.

**Kenna** attended three workshops and provided immense insight into the project. Her experiences of arm problems, ideas for research, curiosity about drama, and love of life enlightened the group. Kenna was especially connected to the yoga and was increasingly making that a part of her daily life. She unfortunately was unable to attend the yoga program which took place after all of the original workshops were completed.

**Rebecca** was healing in her life. Rebecca's husband recently died and she shared experiences around his passing. She attended two workshops, facing the cold November weather, driving in from out of town. Her passion for the group was wonderful. She was experiencing arm problems and spoke about how the yoga was helping with her arms.

**Anna** came to the first workshop only. Anna spoke about taking extreme precautionary measures with sleeves and compression garments to avoid swelling. She was active in volunteer work, which promoted an increased awareness of lymphedema. At this first workshop, she learned through her journaling exercise, she needed to spend more time with her husband. The following week she decided these workshops were not something she could participate in, as she was trying to cut back a busy schedule.

**Marsha** attended one workshop. Marsha was feeling very upset at the lack of attendance for the workshops. This upset was stemming from further disappointment that more was not being done in the community for women coping with arm problems. She expressed concerns about the yoga and its possibility to aggravate arm problems. However, after experiencing the yoga and the teachers' respectful and gentle technique, she no longer had concerns. She attended the healing yoga program which resulted from this study regularly.

**Lenore** only attended one workshop. The idea of drama was intriguing and a bit scary to her. During this session she shared with the group personal moments of arm problems as well as having a friend diagnosed with cancer.

**Julie** attended two workshops. She was experiencing arm problems and enlivened the group with lots of laughter. She discovered a love of writing through the journaling exercise. Julie also regularly attended the yoga program which emerged from the workshops.

## **4.2 Interview Experiences**

I have used yoga metaphors to describe the three themes from the interview experiences and how they relate to the ethnodrama creation or attempted creation process. Yoga was a powerful experience in the workshops and a powerful part of my experience as a researcher. The yoga teacher involved described her Iyengar style and Alexander technique of yoga. She explained that: *[this yoga style and technique] allows me to keep using movement as a vehicle to know myself*. The imagery of yoga as a way to know ourselves is what I define as powerful and something I feel connects with phenomenology, the discoveries of our own lived experiences, ourselves. I use yoga metaphors because I want to explore the process of yoga but also the process of how we live an experience and know ourselves through a process such as ethnodrama. The two balance each other well. The metaphors are also a way to connect the findings in the interviews with the experiences in the workshops. The first thematic area I titled: *Beginnings and Decisions: Emotional Connections with Ethnodrama*. The sub-themes discussed here involve the interview participants' decisions for choosing ethnodrama. This Section, 4.2.1, is also about how they define this method, what it means to them, and how their past experiences brought them to ethnodrama. The second thematic area I have titled: *Collective Poses: Practising, Learning and Building Trust*. This area looks at the collective experiences of ethnodrama creation, the challenges involved, as well as the common goals and objectives

needed to produce or start production of ethnodramas. This Section, 4.2.2, includes many learning moments and shared practices around ethnodrama creation. The third thematic area is *Social Change, Healing, and Breaking Isolation: Making Meaning & Blessings of Namaste*. In Section, 4.2.3, I focus on social change, the successful outcomes, and the meaningful lived experiences of the ethnodrama process. I explore the findings of how meaningful and valuable participatory theatre can be to society and for those involved.

#### ***4.2.1 Beginnings and Decisions: Emotional Connections with Ethnodrama***

In the interviews, I asked everyone what drew them to their research and why those chose to be connected to an ethnodrama. I also asked how they defined ethnodrama. As previously explored in the literature review, ethnodrama does not come with a specific set of rules, guidelines, or a definition. It was important to see how the researchers came to experience ethnodrama, why they wanted to pursue the method in their own work, and what meaning they made out of ethnodrama through their own lived experience with the method. Similar to the work of Gray et al. (2000) examined in Chapter Two, emotions and connectivity turned out to be the key themes. Emotionality and connectivity were both what drew the researchers to the method and became the common defining feature across their ethnodramas.

Interviewees shared ideas about the emotional impact of their first introductions to ethnodrama. Leigh spoke in-depth about her first experience of ethnodrama which occurred at an academic conference and involved a performance of a play about testicular cancer:

*All of the paper sessions were more conventional presentations, [and they] started almost a half hour late because nobody wanted to leave [the ethnodrama] and they all had lots of questions. He [the performer] received a standing ovation...And it's weird too because you're processing things on a personal level and on an emotional level and everything else but, I remember a lot of what he said would resonate with what I'd been writing and trying to uncover in my own work, you know that cancer isn't just about this heroic journey and we can't all be Lance Armstrong, but I also remember being very uncomfortable, I think in the, it's right at the beginning where he talks about, he was masturbating when he found his lump so, it made me uncomfortable. I guess to use a cliché, it's just a roller coaster of emotions to see that performance.*

Lynn also felt this emotional connection:

*This kind of theatre, I tripped over in my own activist work. [I was] working with a group of women on the issue of violence against women. I worked with a number of women in the school system, [and] with students to look at racism. And, so it came out of my experience. I realized its potential and its ability to tap into not just our cognitive selves, but our emotional selves.*

The ability of ethnodrama to evoke emotions drew the interviewees in and began their exploration of its use in their own academic work. Interviewees were emotionally connected initially as an outsider, as well as an insider with their own work with ethnodrama. Maggie spoke to the emotions that come with being connected to the ethnodrama she is involved in:

*There's a lot of work to do and I have several emotions associated with it, but that's because I'm connected...hugely, I want to hugely give back.* The positive emotions the ethnodramas sparked

in the researchers were a passionate reasoning for their choosing to use this method in their own work.

Along with eliciting descriptions of their reasons for engaging with ethnodrama, it was necessary to ask each researcher to define ethnodrama. Their responses gave insight into the researcher perspective about what the method meant to them and what they see as involved in making an ethnodrama. This is especially useful, as ethnodrama currently is not well defined. In my literature review, I note that Frank (1995) encourages reflection and storytelling in order to build new maps, especially when experiences create confusion or bring a lack of direction into our lives. When I asked the researchers to define ethnodrama and describe their emotional connections, they found this task challenging:

*[To] be truthful, realistic and comprehensive...I found that really difficult and I still do, how you talk about this process, because it is so multidimensional. And so much of it, relies on these emotional or non-cognitive aspects of us, and so even bringing that to words, to articulate is difficult. So, it's...[for example] to visual artists refusing to title their work, because whenever you put a title on that, you assign words to it, you're confusing forms and modes of understanding and knowing. (Lynn)*

It is difficult to assign words to emotional experiences. As noted in the literature review, embodied experiences require in-depth reflection to discover how we can begin to meaning out of these moments in our life, or start creating new “maps”.

Lived experience, emotion, and connectivity both drew the researchers to ethnodrama and these elements of experience became part of how they define an ethnodrama as well. Lynn



expressed that explaining the emotional connectivity is a challenge. Despite this, Maggie found emotional connectivity is also a commonality amongst all ethnodramas:

*I think there's, a couple commonalities... And in the first one is ...is that the script does come from the people experiencing the phenomenon... They're the ones that actually do the scripting. How the scripting turns out I think is that full range of spectrum and how it ends up being utilized or it's the goal of the project, it's, a little bit different but the commonality is that I think that it does, so they are the experts. And they are the ones, which make it great... based on true experience. And in that way, [secondly] it really then connects to audience participants who are experiencing the same thing. So I think that connection is also...no matter how it's being used in the spectrum, so I think those, those two things are what are common across the ethnodrama.*

I showed earlier, through the work of van Manen (1990), that cueing into the details of experiences requires thought and reflection. With further thought and reflection, Lynn defined the method with great clarity:

*Not all ethnodramas are aimed at data collection, not all ethnodramas are aimed at social change. I think its most conventional form is a dissemination tool and then beyond that a little less conventional is to use it as a data collection tool. And then even less conventional as that, is to, use it as a means of, progressive social change. So, starting with that most basic and most traditional and conventional use of it, we're drawing on people's experiences, culture, that's the root of the word ethno...and changing those into dramatic scripts, presenting to an audience of whatever form that might be... So I guess the common themes are, rooted in people's experiences and cultural practices....and*

*transferring that in some way or another to a dramatic presentation. For the purposes of, is the open ended part.*

The purpose of ethnodrama, from a sociological perspective, is often for social action or social change (Smith & Gallo, 2007). However, as Lynn points out that is often the *open ended part*. The ideal may be social change, but this is not something you can force.

The interviewees in this study grappled with ethnodrama as being a method and/or a tool for dissemination of research findings. Maggie felt that through her experience she was: *beginning to understand that, [this is] a method that we initially thought was a great way to disseminate research findings, [but] because of its process and because it's so participatory, is actually a research method within itself.* As Lynn pointed out, the purposes of ethnodramas are unique, but all seem to connect research, experience, and performance in some shape or form. This resonates back to the work of Denzin (2001), as well as the literature discussed previously on varying forms of ethnodrama technique. The researchers expressed that the purposes and the styles of theatrically presenting research vary, but they all seem to be based on lived experiences, aim to evoke emotion, and connect an audience to the performance; just as they were connected when they first discovered this method.

#### ***4.2.2 Collective Poses: Practising, Learning, and Building Trust***

The interviewees all expressed moments of learning and experiences of challenges or obstacles in the process of ethnodrama creation. As previously mentioned, even defining the process was a challenge. I discussed this challenge first. Next, I discuss some of the logistical

barriers. Morgan (1997) points out “three obvious factors [in planning qualitative research are]...ethical concerns, budget issues, and time constraints” (p. 31). As I discussed in Chapter Two, Sooryamoorthy (2007) experienced these challenges connected to making research films in sociology. Similarly, in my research, I found logistical barriers had an impact throughout the ethnodrama process. There were six key challenges that all the interviewees shared about the research process: interdisciplinary teams, time, funding, participant recruitment, and data collection. Finally, the interviewees also expressed collective moments of learning necessary to a process which is innovative and lacking clarity. These include the importance of trust, healing, and group cohesion; all discovered necessities for a collective journey to begin. These will be explored after a review of logistical barriers to capture both the challenges and positive moments with this new method.

When discussions first took place around the possibility of creating an ethnodrama. The first dramatist, Wilma (who chose not to be directly involved in the survivorship project) discussed the difficulty to balance research expectations with dramatist expectations:

*I'm gonna tell a story so then comes the melding of both those, worlds. Because they [the audience] need a, they need a protagonist, they need, they need to find somebody you know, a, a way to tell that story in a dramatic way where you can see things unfold before your eyes and watch their journey and care... And sometimes it can be a tricky balance when, when, they want certain things hit, which I can certainly imagine that you [the researchers] would want certain information to come out, and, to do it dramatically effectively.*

It is clearly a process which requires dialogue, compromise, practice and learning. Leigh saw these process challenges in relation to interdisciplinary team work:

*I guess it speaks to some of the bigger challenges of doing interdisciplinary research because there are new people coming on board and you face it with community members and you know it's not just artists but, how do they fit with the overall structure of research which, is challenging.*

Maggie drew a similar parallel to interdisciplinary teams, but also pointed out the benefits of these challenges in working with such a new method:

*One of the first challenges because it [ethnodrama] is new and it, when I think about it, with our team, we all had different goals in mind and we still do. It's interesting when we talk. But it was blending those goals and perspectives I think that's really, really been good. But it's to make sure that all of them are still there and we're still getting, so that it's not, for us, it's not only a dissemination project...and that's not only about the process but that we actually have good outcomes.*

As previously explored through the work of Denzin (2001), ethnodrama is new and unexplored. Sharing experiences of utilizing this method will help to guide other researchers, seeking to use innovative qualitative methods in their own work (Denzin, 2001). As Maggie articulated, working together, despite the challenges of innovative and interdisciplinary research, is positive when the team is all working towards the same goal: to make a positive impact.

Challenges which inhibited the goals of ethnodrama projects emerged in the data. There were five other key logistical challenges identified. These included data collection, time, funding, and participant recruitment. Data collection was challenging for the researchers

because there is a complex balance in trying to not interfere with the group formation, but also ensuring the necessary data is collected:

*We're running along two tracks, we need to take notes, we need to get the consent form signed, we need to run a video because that's another form of our data collection and at the same time we're trying to develop group cohesion and group trust. And at times these two sets of objectives actually collided. So that was a frustration (Lynn).*

Leigh similarly felt these concerns in trying to respect the group cohesion and comfort, but also ensure the insightful process and data were captured:

*It was about trying to figure out how much to push and what to push for and when to step back and say "Okay, just let this go", or "Maybe that has to be that way." But also trying to gather some data was challenging, how do you do this when, it has to be intuitive and a process coming out of empathy? And then, how do you also ensure that you meet the demands of a graduate program that is happening?*

Connected to data collection, another challenge was time and funding. The researchers often felt there was not enough time or funding to meet participant expectations or to meet publication deadlines. As examined in Chapter Two, Lee (2004) felt there is an immense amount of about time and energy required to form participatory theatre groups, from both research participants and from the researchers themselves. Forming the trustful group cohesion that the interviewees here emphasized, takes time, of which there is not always enough. For example, there are time restrictions on publications, which require prompt data collection. Illustrating this concern, Leigh questioned:

*That is the pressure -- to secure funding and publish results. But, there isn't really any acknowledgment of building partnerships, so I think probably ethnodrama would face some of the same challenges as community based research where you don't want to do helicopter research and just drop in, but how do you find the time and financial support to build the relationships that you need to build over the long term?*

Building relationships and trust takes important time and it was felt that there just is not always enough of it.

The dramatist, Jane felt time pressure in regards to participant recruitment. In hindsight, Jane felt that a longer length of time for recruitment would have been necessary: *If you wanted to create a piece, I think the recruiting process should be given about a year... I think in order for me to succeed at doing [this], it would need a much different structure. Or a much longer time structure.* Ironically, it was Jane's demanding schedule and her limited availability that created a situation where the window of opportunity was small. Recruitment was a challenge for all the interviewees. It takes time to build relationships and bring people into such a new and participatory research setting. Likewise, data collection and performances can be intimidating for participants, that comfort and trust takes time to form.

Maggie expressed similar concerns to Jane and Leigh, but hers were more connected to money, than time:

*The only, the other thing I must mention though is after the last production and after the individual interviews, I felt a sense of almost despair myself, because it's so exciting and*

*it's made such a difference in their lives, that somehow, I have to get more money to make it sustainable.*

Responsibilities of sustaining the formed relationships with adequate time and funding were challenging. It was viewed as essential, by the interviewees, to give back to the participants involved in their ethnodramas. However, the research structure did not always make this a simple task.

Embedded in these challenges around the research structure, other common themes about ethnodrama also surfaced. The importance of trust, group cohesion, comfort levels, and giving back to the participants were all expressed as a necessary part of the process, regardless of these challenges. Della, the yoga teacher involved in the workshops with women after breast cancer experienced this:

*Because, they [the survivors] came thinking that there was something there and, they were not aware that it was so short lived. For them, they had just heard there was something [the workshops]. I was touched ...by the sense that they had some feeling of healing and also of connection. But I was touched also with their disappointment in that, where do we go from here and is no one going to do anything, or offer us something? And, you know I see that, that was very, very much a concern.*

Lynn shared the same concerns as Della about the workshops. Lynn saw the importance of ethical research: *which is able to move with the women and respond to their needs and not override that with [an] ...individual academic agenda.* The logistics of research were often barriers, but for the researchers', the participants' needs always came first. For instance, as mentioned earlier, the two researchers involved with the ethnodrama workshops for breast cancer

survivors chose not to attend all of the sessions. As stated in the literature review, Lee (2004) emphasizes that researchers need to be aware of “alternative interpretations and narratives” exposed in the ethnodrama process (p. 111). Illustrating this importance, these two researchers also moved forward with a yoga program after this was identified as a priority as an “alternative interpretation and narrative” to the original aspiration of an ethnodrama (Lee, 2004, p. 111).

To this end, the researchers all spoke to the importance of group cohesion, building trust, and ensuring comfort amongst the participants of the group. This echoes the work of Struttaford et al. (2006) discussed earlier, where there were concerns about participants’ comfort, their right to anonymity and achieving a theatrical impact. Lynn articulated the way one of her ethnodrama projects achieved comfort and trust. She spoke about an exercise where a person stands with their eyes closed and rocks back and forth in a tight circle with the group. The group makes sure the person does not fall off balance. To Lynn this was a powerful moment of trust building:

*And, the outcome is that, that individual walks away with an enormous amount of trust and comfort with the rest of the group. So it creates that real, bonding within the group. And, what I noticed after that exercise is then when we sat down, we started talking and wouldn’t stop. And, the ideas and the imagination that was expressed in that conversation, it was on the topic of how can we, what could we, what do we do with this. The exercise really mobilized that collective imagination. And, what I realized out of that was the real basic need that people have for, that sense of being part of a collective. A sense of being part of the group. And once that’s satisfied, the capacities and abilities that people are able to draw on, there’s just no end to it.*



The importance of trust as a catalyst for relationship building and experience sharing, happened across all the interviewees' ethnodrama workshops. Theatrical techniques were found to enhance trust building. Once trust was established within a group, researchers either directly experienced or saw the potential for the creation of a meaningful participatory performance piece. Many moments of practising and learning occurred for the researchers around a new and innovative research method. Despite challenges of the research process, once researchers found moments trust building and of group cohesion, they all felt that a performance piece or something very positive would be an outcome of their studies. The researchers, the dramatist and the yoga teacher all felt that a positive outcome was necessary, in order to give back to the participants who gave so much of their time and energy into these projects, but who were also seeking hope and healing.

#### ***4.2.3 Social Change, Healing, and Breaking Isolation: Making Meaning & Blessings of Namaste***

Obstacles and challenges imposed themselves onto the interviewees' projects. Although as difficult as any yoga pose, research also creates moments of growth and learning along the way. There are final rewards in creating a meaningful outcome with the research or taking a pose to a deeper level, or finding your mind in a deeper state of stillness. Many successes and meaningful moments were expressed as emerging from the various ethnodrama projects. As documented previously, ethnodrama has the ability to heighten personal reflection, draw attention to timely social issues, and promote social change. The successes which were experienced by the interviewees included social change, healing, and breaking isolation.

Social change was a substantial part of the ethnodramas. Denzin (2001) as well as Smith and Gallo (2007) have shown that ethnodrama has the potential to promote social action and social change. Many of the researchers' studies were sociological in nature. Lynn spoke about social change as a possible outcome from her ethnodrama project:

*It's just the degree to which that potential exists for transformative change. And, because of the particular form of ethnodrama that we used, was rooted in social change, [it] came out of a movement that is explicitly aimed at social change... This particular project, I think had, a profound effect on the individuals. As individuals and as a group... It [ethnodrama] certainly means many things and it can be used in many different ways, and the way I'm most interested in using it, is in the way that we've just been talking about. Not, just as a dissemination tool, not just as a, data collection tool, but as a means of, transforming the social world, moving towards progressive social change.*

Social change certainly was an interest among the interviewees. Many examples of social change outcomes were spoken about from the researchers' lived experiences of their ethnodrama projects.

Their projects were addressing social needs, including isolation, as well as generating healing for the participants and audiences involved. While these themes will be explored more closely in Section 4.4 through the workshop participants' experiences, it is worth noting that Maggie spoke about the participants in her ethnodrama as learning from each other:

*So they learn a lot from each other, about [the topic of the ethnodrama]. They've shared a lot so it helps them realize they're not alone, there's not the isolation right? And*

*they've learned a new skill. And they've also built huge confidence in themselves.*

*Because some of them that hadn't been involved in drama were shocked that they could even do it. And I remember the one couple, looked at each other and couldn't believe that they, they, "I didn't know you could do that!" " Well, I didn't know I could do that either!"*

The workshops and performances were bringing a variety of groups together and creating positive individual changes. In many cases, these changes involved the theme of healing.

Maggie both recognized and experienced the ability of ethnodrama to improve lives: *It had not occurred to me that ethnodrama is more than research dissemination. It's more than helping us understand, but actually, the way we used it, actually, actually it can .... improve people's quality of life.*

Published ethnodrama studies have shown amazing healing outcomes, such as Gray et al.'s, (2000) emotionally connective theatre work with women diagnosed with late stages of breast cancer. The outcomes of social change, healing and breaking isolation were moving experiences and outcomes found in the interviews. Even so, the researchers also emphasized the process of ethnodrama, is not solely about the outcomes or the findings.

*I think that's also something that we need to do as researchers, is document all of these things [lived experiences of ethnodrama] so they don't get lost...Not just in anything associated with art, but in all projects. What are the different realities? I think it's been probably an influence of post-modernism, not that I would buy totally into that, but the idea of recognizing multiple perspectives. I think it's important to document the process*

*as it is. Or, it's as important to document the process, if not more so, than it is to document the outcomes or the findings. (Leigh)*

Exploring the experience as lived is a reflexive, continuous process (see Greatrex-White, 2008).

As Leigh alludes to, we can explore multiple perspectives to learn about a phenomenon.

Throughout the process of ethnodrama, there are opportunities to learn about many perspectives.

In my research, I have taken the opportunity to see realities from the perspectives of researchers and participants involved. I see this as a wonderful task, which Leigh points out; to continually reflect on the many ways experiences are lived.

In summary, the ethnodrama process was found to be challenging and it came with many learning experiences for the researchers. This process was also discovered to be meaningful and unique. Unique in the sense that this is a new method; the researchers were paving their own ways at times, and balancing multiple realities (the participants, the interdisciplinary research teams, and the audiences). Despite this balancing act, when I asked the researchers if they would use this method again in their work, they all said yes.

*What I'm anxious to try is, to take some of these things to a group of providers....And, I think, I think we'll only know then, what system level affect we can have. If we can reach audiences of healthcare providers, I think...we'll tap into some of that. So quite how we do that, I'm not exactly sure, but we need to draw together a working group to find out what the issues are, or the problems. And we start there. I think the method always starts there: what are the problems? (Lynn)*

All of the interviewees, including Lynn, were ready to further their work and generate additional opportunities for social change. As outlined previously, researchers Mitchell et al. (2006) found ethnodrama created a remarkable, meaningful impact on their careers. There were similar feelings between the dramatist, the yoga teacher, and the researchers through their desires for positive change. This quotation, from Della, the yoga teacher, inspired me to use yoga metaphors in naming these thematic areas. This quotation perhaps also best captures the ideas of all the interviewees: *How we [the dramatist and the yoga teacher] believe the value in the work that we do. It is so strong that it has a, it has such an ....effect on people, and, you know, on individuals, which in turn, affect others how, it's using the art to create a, a world of positive beauty...That's...what it is.* Jane responded with one word: *Exactly.* The ability to regenerate and uplift people's lives was a key feature of how Della viewed her work, and how Jane viewed her work with drama as well. This ideal of creating a beautiful impact, connects with the researchers who were trying to produce social change and healing in the lives of their participants through ethnodrama. The researchers, yoga teacher and dramatist all had the desire to create a positive difference, not only at the end, but throughout the processes of their work.

### **4.3 Workshop Experiences**

The lived experiences of the workshop participants (breast cancer survivors) document the positive differences an ethnodrama study can make on a group of people. The findings from the interviews certainly resonate with the findings from the workshops. As previously outlined, participatory ethnodrama workshops took place with breast cancer survivors coping with arm problems as a result of their treatments. These workshops included gentle healing yoga,

journaling reflections, and experience sharing. Jane (the dramatist) included a well-experienced and trained yoga teacher (Della) at each workshop. The yoga was included in the workshops as a form of breath work that would help prepare the women for theatrical performances. This was a gentle style of yoga which focused on breath work and calm movements.

There were four key findings that emerged from my interpretation of the workshop data and my field notes. These themes provide fascinating insight into the ethnodrama process, even though an actual ethnodrama was not produced. These themes are: 1) a lack of support; 2) breaking isolation; 3) healing; and 4) benefits of yoga after breast cancer. I discuss the workshop participants' experiences, i.e., those of Kenna, Lenore, Anna, Marsha, Rebecca, and Julie, are discussed in this section. The experiences of Jane, the dramatist, and Della, the yoga teacher, are included as well. Jane and Della were integral in shaping the workshops, along with the women, and have shared experiences closely connected to the women's. Their experiences are intertwined in the following themes derived from mainly field notes, which results in less direct quotations included. Additionally, the data and quotations from interviews and a recorded workshop session are also included.

#### ***4.3.1 Lack of Support***

There was an expressed lack of support for women coping with arm problems after breast cancer. This was expressed as shortcomings coming from both the community and conventional healthcare providers. Based on the literature review of arm problems after cancer, this may have been expected (Thomas-MacLean et al., 2008). The women who came to the workshops

expressed a need for a supportive atmosphere to heal after breast cancer. This finding emerged at the first workshop and throughout the sessions. At the second workshop, there was a serious concern from Marsha about why there were not more women in attendance at the workshops. Marsha questioned why there are not greater supports for women in the city, and province, after breast cancer. This lack of support, encouragement, health information, and healing outreach, were extremely upsetting to Marsha. Marsha was seeking out these supports and came to the group for that reason. Although she had prior commitments during the next planned times for the workshops and could not carry on, she strongly expressed concern about the lack of support in the city for women after breast cancer.

Anna was another participant who could also only come to the first workshop. She was taking precautionary measures with sleeves to keep her swelling down and was seeking out supports for experiences of arm problems after breast cancer. She was leading a busy life and beginning to connect to a program in the city which would specifically support and provide information for women experiencing lymphedema after breast cancer. Like Marsha, she recognized the lack of support and was proactively connecting and helping build a supportive network.

The workshops brought together women who were looking for information, support and a healing process for their minds and bodies after breast cancer. This moved the yoga teacher and it motivated her to help in the building of a supportive community. Della said, *the schedule that I have is pretty busy as it is, but then when I recognized...the need of the women and the lack of support then I said, "I really can make space in my life [for this]."* She recognized the

importance of these workshops for providing supports and she described the yoga as *building community*. The community that was starting to be built and the support that was being provided created an awareness of the women's needs for greater supports and outreach on arm problems after breast cancer, thereby breaking isolation.

#### **4.3.2 Breaking Isolation**

One dictionary definition of isolation is to be “cut off” (Oxford, 2001, p. 482). Women were feeling cut off from society or cut off from anyone who had the same experience of arm problems after breast cancer. Coming together and sharing stories, as the women did in the workshops, was breaking the isolation felt by the group of breast cancer survivors. The women expressed feeling alone and wanting a supportive group. Previously I explored the work of Frank (1995) and a need to share stories of health and illness. During the journaling component of the workshops, Lenore described experiences of visiting a friend in the hospital who was feeling alone with cancer. The journal exercises and discussion gave her a chance to reflect on how she was feeling about her friend and how it connected to her own experiences of cancer.

On the other hand, Kenna felt that it was nice to be involved in a group where various life experiences were coming together to heal, but the conversation or exercise did not always have to be focused specifically on their cancer or arm problem. Frank (1995) emphasizes the ability of stories to help us find meaning in our lives. He also explains there are reciprocal benefits for listeners of our stories, who may also find meaning in their lives by hearing or reading others' experiences (Frank, 1995). Jane, the dramatist, picked up on this reciprocal, breaking isolation



moment, said: *It's a relief for them [workshop participants] to be able to get together and have a conversation about something other than their health...even though they share that experience, so there's that kind of bond, but the conversation can be a different focus.* The workshops created a safe space for the women to talk and learn from each other. While reviewing the transcript of the recorded group discussion, I noticed that there was a long stretch where women were speaking on a range of life topics. At one point, Rebecca explained the intricacies involved in her passion for quilt making, while Kenna expressed the joy her puppy brought her.

As shown earlier, van Manen explains that exploring our lived experiences, reflecting on our lifeworld, or making meaning in our lives can come from many activities. Here, examples of quilting and playing with a puppy were shown to bring heightened awareness or meaning to the women's lives and experiences. At the second workshop, Julie discovered a passion for writing in the journaling exercise that we could actually see. She commented on how she could not stop smiling or creating poetry, while Anna discovered a desire to spend more time with her family through the journaling. She shared how she was writing about feelings of being too busy with work and not spending enough time with her husband.

The women could come together based on their common experiences after breast cancer, but were comfortable sharing many different aspects of their lives. Community was being built. Della saw the yoga as important piece to helping break isolation: *It [yoga] just lets your guard down, you're more relaxed you're more open. And you want to build that...network.* The workshops created a comfortable group space to take part in collective gentle yoga exercises, journal their thoughts, and speak to whatever experiences came to mind that evening with the

group, whether they were cancer related or not. Jane used the metaphor of a plant or a tree, saying that a *seed* was being planted for a community to grow, and perhaps heal.

#### **4.3.3 Healing**

The importance of healing in connection to ethnodramas was found, furthermore participants and audiences need to be emotionally prepared for the impact a performance can have. Jane expressed concerns about creating an ethnodrama based on the fact that many of the women had not yet begun to heal emotionally and theatrically expressing their experiences would be too stressful: *because the women who came initially were still, really, really fragile. So the notion of transitioning them into performing was, I think too stressful for them.* Rebecca said the word theatre scared her, but then became intrigued at the word yoga, so she joined the group. She said: *I thought theatrical, that part of it, that was the thing that jumped out at first and I went “Ahh!” ....And then I saw yoga and I thought, “Oh that could be interesting.”* The idea of coming together to do yoga and to heal with other women really captured her interest.

Hsu, Phillips, Sherman, Hawkes, and Cherkin (2008) explore definitions of healing which move away from biomedical sciences that describe healing in ways that are “usually limited to the level of tissue repair” (p. 307). Through their work they discovered: “Healing is a dynamic process of recovering from a trauma of illness by working toward realistic goals, restoring function, and regaining a personal sense of balance and peace” (Hsu et al., 2008, p. 307). The participants in the workshops were certainly seeking to heal their minds and bodies after the trauma breast cancer. As established in my literature review, Thomas-MacLean (2008)

explores the embodiment of women after breast cancer, especially the fear of recurrence which can develop. Women were looking to find some inner peace as well as cope with the physical trauma experienced in their arms. The importance of healing and the significance of the timing of recovery is a major finding from the workshops. Jane expressed: *[What] was so apparent in the very first session, was that the motivation that brought the women into the room was a continued desire to heal.* Healing was such an important aspect that the focus and question became: what would generate healing opportunities? Della expressed a need to help the participants continue their healing journey. As I quoted earlier, Della recognized that the women were searching for more opportunities to become involved with their healing: *I was touched...by the sense that they had some feeling of healing but, and also of connection, but I was touched also with their, disappointment in that, where do we go from here and is, is no one going to do anything or offer us something?...that was very much a concern.* A need for an implemented healing yoga program was therefore discovered – it was the answer to the women’s questions about continuing to build upon the workshops. Yoga was found to support the demonstrated need to heal, both physically and mentally.

#### ***4.3.4 Benefits of Yoga after Breast Cancer***

An interesting shift happened when the workshops emphasized yoga and the need to heal after breast cancer, above the completion of an ethnodrama. It was found that yoga was an effective and sought after method for healing. Survivors were seeking to heal their minds and bodies after breast cancer, through techniques such as yoga. Three key aspects of the workshops highlighted the finding that there are benefits of yoga after breast cancer.

The first aspect being that the women had a strong desire to participate in yoga. Kenna explained to the group: *I have said since I had surgery, like I really need to do yoga. I have said that and I have looked around and I have talked to people but I haven't been able to find anything.* Rebecca explained how she joined the group seeing that yoga was involved: *Yoga seems to be really good from watching and hearing people talk about it. It always kind of intrigued me and I thought wouldn't that be interesting to know how it works or what to do or how to do it. And so I'm really pleased when I read your email talking about yoga.* Women were seeking to heal with yoga before the workshops and they were taking what they were learning at the workshops to do some of the yoga poses at home as well. Kenna shared: *I do the breathing at home right? I've got my mat out, the blanket there.*

The second aspect, which revealed the benefits of yoga after breast cancer, was the expressed impact the yoga was having for mental healing and relaxation. Rebecca said to Della: *It was relaxing listening, just to your voice.* Rebecca told a story about past stress she had in her life and thought yoga would have been a good exercise for her: *So we had a lot of problems over the summer and this is what my doctor said, it was the stress... Worrying...I can see where yoga would be good to release when you get kind of cornered or you don't know what to do, you just need to relax.* Feelings of mental relaxation, and feelings of being better, are two of the beneficial aspects of yoga, according to Jane. She said: *[This] is why yoga is so powerful because you don't need to be, have a lot of experience with it, you can do it once and realize it makes you feel better. So it's easy to connect to it.* The women seemed to be mentally connecting to yoga and feeling better.

The third aspect of yoga benefits was that it was helping with arm problems. It was articulated many times that their arms were feeling better. Kenna compared the benefits of yoga to massage, and other forms of lymphedema prevention. She felt that yoga would be better for her because she could not afford to have a massage every week: *In some ways, I think even this [the yoga] is going to be good. An hour of this every week would be better for me than having the massage. Like, I cannot have a massage every week.* The recorded discussion captured Rebecca's first thoughts after the yoga: *When you [Della OR I] just finished with the arm, I could feel a lift here [pointing to her arm] and it has settled right out... It's, it's just really amazing.* These expressions of healing and the relief of arm problems were rewarding and motivating to the yoga teacher. Della spoke to this: *Just on the feedback from the women, a couple of times, they said, "My arm didn't pain me." You know? Or, "My arm didn't swell." This week there was some physical thing that they had, had felt. It also may have had an emotional component to it. And that's the only way we experience emotions -- through the body.*

This resonates with my literature review of phenomenology and embodiment. Women were describing their embodied experiences of healing after breast cancer through yoga. The emotional, mental, and physical (arm) healing were positive experiences and direct benefits of the yoga component. In our interview after the workshops, Della described the benefits of yoga and how there are many reasons for returning to classes: *I think it's more or less coming home for themselves [the women], whatever reason they might go in there for, for relief from the neck or, from the arms, something deeper happens for them. For everyone it was probably very different, but that's why they keep coming back. They have that awareness of themselves, that responsibility towards themselves, as opposed to others all the time.*

I have previously explored the embodiment of lived experiences, such as illness. Along with this exploration, I have shown the ability for narrative, ethnodrama, or journaling to make meaning out of our embodied experiences. This can be achieved either through sharing stories through our bodies, performing drama with our bodies, or reflecting in our minds and bodies and transferring those experiences onto a page. Even further this project has discovered the ability for yoga to instill reflection and promote healing through our minds and bodies. The benefits of yoga in the workshops were a major finding emerging from the ethnodrama workshops and this ultimately led to the realization that there needed to be a yoga program for women after breast cancer to heal, to break isolation, and to provide support. Jane perfectly and eloquently summarized this finding at the end of the workshops, stating that: *Even though this project has not resulted in a concrete theatrical piece, I think healthy seeds have been planted in rich soil. I believe it has been a positive and respectful experience that has successfully identified some specific needs.* The participatory nature of the ethnodrama workshops opened up the possibility for a yoga program to unfold, as this would meet the survivors specific needs more so than a performance piece would.

#### **4.4 Healing Yoga**

The women's hopes to continue healing with yoga after the completion of the workshops were taken seriously by the research team. The potential to create a healing yoga program that would benefit a group of women after breast cancer was embraced as a positive opportunity to extend the project, not into a drama, but into wonderful healing centered class.

Jane felt the power of yoga to make women feel better was important to pick up on and a way to carry forward with the project. She said, *If the yoga class can be launched, then I think that's a profound benefit to come out of the whole experience. It isn't the theatrical results...but it probably serves them more than the theatrical thing anyways.* The method of participatory research projects is to follow the lead of the participants. We, the researchers, were fortunate to have a passionate group of women involved in the workshops to guide the process into a yoga program which would start a supportive, healing journey for breast cancer survivors. Working with Della, this program was created, with twelve people enrolled in the first formal yoga program for women after breast cancer. The yoga program was then opened up to all people and about twenty attended the first class. Della has continued to offer additional healing yoga classes and I have participated. Even though the ethnodrama did not unfold as planned, there were some exciting outcomes, such as Della's classes and there were also lessons learned.

Accompanied by the logistical challenges the interviewees highlighted, the one major discovery was that the illness timing and healing stage of participants will affect outcomes of health-focused ethnodrama projects. It is important to approach the process with sensitivity and awareness of vulnerability or comfort levels within survivors' own bodies after illness experiences. Jane felt *reluctant* and noted that theatre engagement should not happen when participants are not emotionally ready, or prepared to be vulnerable in front of an audience. Participatory action research has the potential to guide ethnodramas from the words and lives of the participants, but it is also important to acknowledge that if the participants are guiding the

project down different path, following their desires can be very rewarding, as shown in the case of the eventual yoga pilot project.

The yoga program has continued for over a year since the ethnodrama workshops started in November of 2007. The beneficial impact it has had on the women could not have been foreseen. Although the original goal of an ethnodrama was not actualized, this project has been very successful. The success can be captured by one participant involved. She described her embodied experience: *[The yoga] brings the mind and body together. After cancer, one does not trust the body and one must learn to do so again. This kind of yoga brings a kind of peace to oneself. It also makes one feel healthy and vibrant.* I will speak further to the successes of this yoga program in my autoethnography and conclusions in Chapter Five.

Returning to my discussion of the yoga program however, the outcome of a desire for the yoga instead of the ethnodrama is not surprising in retrospect. Raghavendra et al. (2007) have found that yoga aids in “physical wellbeing and mental calmness” (p. 463). Likewise Raghavendra et al. (2007) highlight that many yoga “techniques reduce anxiety, physiological arousal and psychological distress in cancer patients through stress reduction” (p. 463). The benefits of yoga after cancer have been explored recently (Snowdon, 2008), although these studies do not include an awareness of the impact of yoga with women coping with arm problems after breast cancer. The finding that the women’s arms were feeling better after yoga would benefit from future exploration. My thesis has focused on the lived experiences of ethnodrama, but the discoveries pertaining to yoga reveal a need for further exploration of a yoga program for women with arm problems after breast cancer.



## 4.5 Conclusions & Connections

It is clear from both the researchers' and participants' lived experiences of ethnodrama creation, that there are many successes and challenges along the way. I have discovered through phenomenology that ethnodramas have shared lived experiences, including their ability to break isolation, generate a process of healing, open possibilities for social change, and emotionally connect participants, researchers and audiences in a meaningful way. Researchers reflected on their emotional connections to ethnodrama. They also disclosed the logistical research challenges they were facing with a method for which they did not always have a clear set of guidelines. The researchers also focused on the importance of group cohesion and meeting the needs of their participants. The researchers further discussed the role of social change in their work, seeking to provide meaningful outcomes, but also to ensure a meaningful research process. The workshops with women after breast cancer did not enfold into an ethnodrama, however the workshops broke isolation, provided healing, and addressed a lack of support for women after breast cancer. As well, they revealed the benefits of yoga for breast cancer survivors. All of these phenomenological findings add insight to the literature about embodied, shared, and lived experiences across, and within, ethnodrama projects. In the next and final chapter of my thesis, I explore my own experiences of ethnodrama more closely.

## **Chapter 5: AUTOETHNOGRAPHIC EXPERIENCES OF ETHNODRAMA:**

### **Thesis Connections**

*In doing research we question the world's very secrets and intimacies which are constitutive of the world, and which bring the world as worlds into being for us and in us. Then research is a caring act: we want to know that which is most essential to being. To care is to serve and to share our being with the one we love. We desire to truly know our loved one's very nature. And if our love is strong enough, we not only will learn much about life, we also will come face to face with its mystery. (van Manen, 1990, p. 5-6).*

This chapter is a continuation of my autoethnographic account of my experience acting in an ethnodrama. I began this thesis with my story of being an “actor” as told through my researcher lens. I was a participant in an ethnodrama which used actor and audience participation to find hope for caregivers of loved ones with Alzheimer’s disease or dementia. Although I am not a caregiver, I became a part of this study for a few reasons. The first was that I knew the researchers involved and they were having difficulty with recruiting participants who were willing to take part in theatrical exercises around their experiences of caregiving and finding hope. My grandpa has an Alzheimer disease diagnosis and this was affecting my family. My grandma is caregiving for my grandpa, although he is very independent. I wanted to be a part of a project that may help other caregivers find hope, in difficult or hopeless situations. I also joined the project to learn about the method of ethnodrama. What I experienced with ethnodrama was emotional and powerful. I became touched by the ability of drama to reach participants and audiences in meaningful, life-changing ways.

Through this autoethnographic chapter, I demonstrate the impact of ethnodrama from my participant perspective in order to complement the experiences of researchers discussed in the previous chapter. While an ethnodrama was not produced from the workshops with women

coping with arm problems, with my autoethnography, I provide further insight into how meaningful this method can be from a participant's perspective. van Manen (1990) states that: "Writing abstracts our experience of the world, yet it also concretizes our understanding of the world" (p. 128). This chapter has allowed me to connect my experiences with my social world, to reflect upon the method of ethnodrama, and has heightened my own understandings of ethnodrama. I conclude this chapter with closing reflections on my thesis.

### **5.1 Feeling Connected**

I have firsthand experienced ethnodrama but what do I know about a caregiver trying hold onto hope in times of despair? Nothing. My lived experience of this is nonexistent. I joined this research group with loose knowledge and limited experiential base of the topic – not immediate experience, only stories and concerns from my Mom. Yet, I was never made to feel like an outsider from anyone in the group. I was at least twenty years younger than most of the group "actors", as well as the audience members where these scenarios were acted out in a seniors' centre. After the first play, a woman from the Alzheimer's society told me how important it was for me to be up there, on the stage to show that this is not only an "elderly" disease, but that people of all ages cope with the effects of Alzheimer's. The ethnodrama group always made me feel as though I belonged. I got to know them throughout the workshops and felt connected by their warm personalities. This group gave me great hope that a video would be produced to help families and caregivers who are in situations, such as my family's. The caregivers throughout the workshops and performances gave me this hope; my hope came from

the group itself. Additionally this video gives me hope that my work in this thesis will not be constrained to a textual document with limited public access.

After the video was produced, documenting the ethnodrama performances, the workshops, and interviews with each of the group members, the researchers created a screening for the participants, as well as community members. I admit to having my head fill with nervous thoughts before the viewing: *I really hope to not be seen too much. I hope I didn't say anything silly. What was I wearing again?* I was relieved that the majority of the video focused on the lived experiences of actual caregivers. As I watched the video for the first time, I was deeply moved. I knew the experiences of these marvelous people needed to be shared, but I had no idea the video could capture their experiences in such a compelling way. The visual images, the music, the laughter, the seriousness, the researchers' narratives, the participants' stories: everything about the video brings life to the method of ethnodrama and the lived experience of caregiving. Ethnodrama has a way of connecting people that traditional text reports do not. Innovative qualitative methods are making an impact on society. I am thankful to have such a compassionate and innovative experience as I begin my research career.

## **5.2 Feeling Reflective**

Ethnodrama has continued to touch my life after these performances, as have the workshops and the healing yoga program. I recently attended a video launch at a hospital where I live. It was a video where the core values of healthcare were captured in a drama. The participants included a range of healthcare staff and patients. Each wrote on their hands

powerful, carefully chosen words, which were reminders of the need for focus on the “care” part of the healthcare system. I was moved by the video. There were no words spoken, only words or phrases written on the palms of participants’ hands. You could see their expressions as they held out their hands, revealing the words of deep meaning about their connection to the healthcare system. I could see other people in the room who were visibly moved by the film. I thought to myself: *This is a movement, this is powerful, and this is medium to reach people, reach society.* van Manen’s words, provided at the beginning of this chapter, remind us: research is caring. This video with people writing words of compassion on their hands was a form of research, with the ability to facilitate learning, growing, informing, and changing care as a health system, and as a collective.

I had felt these feelings of passion for dramatically displaying research before I sat in that room recently, having already completed my data collection and being near the completion of writing of the findings for this thesis. I knew the power of ethnodrama and the true caring, compassionate intentions behind the projects with which I was involved. What was different at the hospital video launch, was that I was on the sidelines. I was not connected to the process of that film, but felt connected to the participants by seeing it for the first time. That connection that one feels from watching research visually and dramatically displayed is influential.

Simply put, ethnodrama utilizes a form of theatre to present findings from research. However, based on the interviews in the previous chapter, and my experiences presented here, it is clearly a lot more than that. Ethnodrama enables an emotional connectivity that I would not have imagined possible. The interviews outlined many challenges with its creation, however, the

benefits clearly outweighed those logistical setbacks. In addition, anyone can actually do ethnodrama and professional actors are not required. I would describe myself as quiet and reflective, especially when out of my comfort zones. I've always aimed to work behind the scenes and to avoid the spotlight: I am definitely not an actress. My being connected to an ethnodrama is living proof that anyone can do this. It is a research method that can impact society: real people and their real, lived experiences. As researcher, I have seen that it is a research method which aids to create supportive atmospheres and generate a healing journey for participants coping with health and illness. As I sat on the stage, as a participant, I was overwhelmed by this realization. I am very thankful to have firsthand experience of ethnodrama. There is a cliché, saying that with great risk, comes great reward. I took a risk and put myself out there, away from my comfort zone, and with this I feel I've experienced something incredibly rewarding and moving. I've experienced research which is motivated by caring and compassionate researchers and participants. This type of research is a risk for academics; it comes with great logistical challenges and great responsibilities to the participants involved, but I have experienced that with these risks, there is potential for individual and social change. The potential for rewarding lived experiences is also there. The benefits involved with ethnodrama are definitely worth the "risks."

### **5.3 Reflections**

As I was reflecting on the limitations of this thesis, it sparked the question: what is success? The Oxford (2001) dictionary defines success as: "accomplishing an aim or purpose", an attainment that is successful, or achieving a form of prosperity, such as "fame, wealth, or

social status” (p. 909). I was called an “actor” but it had nothing to do with fame. (We did not sign autographs afterwards). So, from my own experience as a participant, I wondered if I was successful in other ways. *Did I accomplish my intended purpose as a participant?* I then remembered when the woman from the Alzheimer’s society approached me about the age demographic I was representing for younger caregivers. *Did I represent a young woman finding hope and comfort, knowing that supportive help was being sought out for caregivers?* Yes.

In reflecting on the performances as a whole, I wondered about those successes. The purpose of the performances was to reach, inform, and explore hope among a group of caregivers facing difficult situations. I wondered: *Did these performances accomplish this purpose? Would it have been unsuccessful if the audience members had not related to the scenarios and did not approach the stage?, Or, would the scenarios have just sparked greater conversations among the group about what they were experiencing, and maybe what other caregivers could be experiencing differently? Different cultures, communities, and age groups may have both similar and unique situations they are facing, right?* In actuality, the experience of having the theatre presentations work so wonderfully and successfully with the audiences was immensely rewarding as a participant. This fits with one definition of success, a form of prosperity (Oxford, 2001).

When I began my work as a researcher for this thesis, aiming to produce an ethnodrama around women’s experiences of arm problems after breast cancer, I knew the theatrical presentations would be very different than my previous experience. However, I did not anticipate an ethnodrama would not result. I did feel as though I had failed. I asked myself

questions, such as: *What if we had allotted for greater time to recruit participants? What if we had, as Jane suggested, incorporated a drama therapist who would be able to work on inner healing, before presenting experiences to an audience? What if the workshops had been held in the spring when the weather is warmer and the road conditions are better?*

All of these questions came up at some point in the phenomenological interviews, especially with those who were directly involved with the breast cancer related ethnodrama. In relation to these concerns, Leigh (a researcher-participant) explained to me that the word *research* can be traced back to its linguistic roots which mean *to move in a circle*. We spoke about how this project represented a process of discovery and we should not discount the process of research; it can be as influential as the findings or conclusions themselves. Each part of the research circle is equally as important. Maybe the intended purpose of our workshops was not reached, but the discoveries made within the ethnodrama process, including the importance of healing and breaking isolation for coping with illness, should not be discounted. Returning to the definition of success, we attained knowledge that might not have emerged otherwise. This attainment is successful.

Some questions I ask myself now are: *What if the yoga teacher had not been so wonderfully involved and willing to create a program for these women after the workshops? What if we had not had a dramatist who was so gentle and willing to move with the women's desires? What if we had not had the remarkable and stunning women come to the workshops and share their lives with us?* If not for these three elements, the powerful discoveries and the end result of a healing yoga program would not have been actualized. These three components made



this research successful on a number of levels. For instance, the dramatist has provided insights so valuable to this process and has offered a lot of guidance for future work in this area, including suggestions of a drama therapist to be included when working with theatre and illness. The research team, who were so compassionate and willing to shift their ethnodrama project in a new direction certainly attributed to the success. Although, it was especially helpful that Della, the yoga teacher was incredibly willing to devote her teaching time to this group.

The yoga program filled to maximum room capacity soon after we advertised for it throughout the city, demonstrating a need for future research on healing yoga, as connected to arm problems and healing after breast cancer. A successful outcome is that this research is now being pursued, as the researchers connected to the arm morbidity study have begun explorations of connecting yoga to their work. As for the yoga program created out of this research, it began to serve breast cancer survivors only, but then expanded to become a gentle healing class for the public. It still continues and is helping women and men heal their minds and bodies. The dramatist was right, *healthy seeds* had been planed into *rich soil*. Successful outcomes have been growing from this process. After attending one of the healing yoga sessions, I saw how joyful the women were with the classes. I slowly let out a breath of relief and thought again to myself: *Success*

## **5.4 Connections**

I have a sense of comfort knowing that a video has been produced out of the hope study and also that the researchers charting the course of arm morbidity are exploring yoga and healing

for women after breast cancer in their work. There are *healthy seeds planted in rich soil* which means there is amazing potential for growth and healing stemming from both of these projects. These groups are promoting and finding the need for creative, participatory methodologies to inform, change, and heal.

What I have learned the most from being a part of two ethnodrama projects is that often we need each other, to break our isolation and find support. Illness is difficult on the “patient” and on their family and friends. We often need support, love, and care along a path of healing for both our bodies and our minds. We actively seek out methods to heal ourselves and find solutions to daily problems associated with illness. Whether this is through a need to share our stories, (Frank, 1995), a need to create a reflective journal (La Jevic & Springgay, 2008), a need to make meaning out of our lived experiences (van Manen, 1990), or as discovered here, join a yoga class.

Researchers are increasingly using ethnodrama as a method to disseminate experiences of health and illness. Seeking out innovative ways to share embodied experiences with audiences is imperative: “embodied interpretation offers a basis from which to engage meaningfully with audiences in more evocative ways that both point to and point out relevant human experiences” (Todres & Galvin, 2008, p. 581). My work shows that ethnodrama not only addresses embodied experiences, but also generates a healing journey through our bodies. I would not have imagined myself being connected to something so powerful and healing, for a group of individuals and for an audience in front of me.

I chose phenomenology for this thesis as the methodology seeks to explore in-depth the lived experiences of groups and individuals (Patton, 2002). Phenomenology allows for a rich understanding of a phenomenon. I acknowledge my own unique position and experience with the phenomenon of ethnodrama. I have a connection to the process of ethnodrama with those who I interviewed and my fellow workshop participants. I do feel that a realistic, actual sharing of lived experience resulted. This aside, even if one has not had an experience directly, reading the phenomenological account should link to a shared experience where one may have a deeper understanding into the lived experiences of the participants (van Manen, 1990). Readers of this thesis will hopefully gain a sense of what it is like to create, try to create, or act in an ethnodrama, through the sharing of participants' experiences.

This autoethnography has given me opportunities to self-reflect and self-disclose. As I emphasized at the beginning of this thesis, I have purposefully chosen to present my voice in this work. Potgieter and Smit (2009) suggest finding our voice in our work, "is to find knowledge and understanding that is blended into our identity" (p. 216). My identity is revealed in this work and I feel fortunate to be connected to such provocative research methodologies which encourage self reflexivity and self disclosure. Thomas-MacLean (2009) suggests the ability to hear the researcher promotes a "transcendent connection" between the reader and the researcher (p. 48). Potgieter and Smit (2009) explain that when there is a connection, a researcher voice is as poignant and moving as the participants' and the audience with whom you share experiences: "Such intricacy and complexity of human interaction involves the sensitive awareness of the process, as well as a long look at the relationship and the communication with the respondents, which are inseparable" (p. 224). The relationships and communication through the ethnodrama

process are made visible through this phenomenological account and use of autoethnography. I have shown a strong connection to ethnodramas and the experience of ethnodramas. To circle back to where my thesis began, I do not feel I would have been able to do this in such a passionate way, without making my voice audible to you, the reader.

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**APPENDIX A:**  
**ARM MORBIDITY RESEARCHER INTERVIEW GUIDE**

**General Ethnodrama Questions:**

1. To start, could you please briefly talk about your career/academic background?
2. I'd like for you to speak about some of your specific experiences with ethnodrama but first, I'm wondering how do you define ethnodrama, what does it mean to you?
3. What are some of your reasons for choosing to use drama as method of health research dissemination?
4. Could you speak about some of your specific experiences with ethnodrama creation?
5. Compared to other types of research projects that have you been involved with, how is ethnodrama research similar or different?

**Arm morbidity Ethnodrama Project Questions:**

6. What are some of the aspects that stand out to you as positive or empowering in the workshops?
7. What are some of the aspects that stand out as challenging or what were some of the challenges that you personally faced in the workshops?
8. Have these workshops affected your life and/or career?
9. How do you think it has affected some of the women who shared this process with you? (academics, dramatists, yoga instructors, etc.)
10. Yoga was well received in the workshops, could you speak to this? Why do you think this was so? What yoga moments stand out to you in the workshops as especially positive?
11. The journaling brought out some moving conversations in the workshops, could you speak to this at all?
12. Do you think the workshops were successful? In which ways or why not?
13. In what ways were the workshops unsuccessful or how could this process have been improved?
14. Even though the workshops turned into a pilot project and may not necessarily enfold into an ethnodrama, how do feel about ethnodrama as a tool for dissemination of health research?

15. Where do you, if at all, see this project carrying on the future?

16. Is there anything else you would like to add?

**APPENDIX B:**  
**ETHNODRAMA RESERACHER INTERVIEW GUIDE**

1. To start, could you please briefly talk about your career/academic background?
2. I'd like for you to speak about some of your specific experiences with ethnodrama but first, I'm wondering how do you define ethnodrama, what does it mean to you?
3. Could you speak to some of your experiences with ethnodrama creation? What types of research projects have you been involved with?
4. What are some of your reasons for choosing to use drama as method of health research dissemination?
5. What are some of the moments that stand out as positive or empowering in working with this method?
6. What are some of the specific challenges you have faced with this method (both academically and logistically)?
7. Has this method affected your life and/or career?
8. How do you think it has affected others that have shared this research with you?
9. Could healthcare and illness experiences be improved through the use ethnodrama? Did you find this in any of your experiences with the method?
10. Is there anything else you would like to add?

**APPENDIX C:**  
**DRAMATIST & YOGA TEACHER INTERVIEW GUIDE**

1. To start, could you please briefly talk about your career/academic background?
2. How did you become involved in this pilot project?
3. What were some of your reasons for choosing to participate in this research process?
4. What are some of the moments that stand out to you as positive or empowering in the workshops?
5. What are some of the moments that stand out as challenging or what were some of the challenges that you personally faced in the workshops?
6. Have these workshops affected your life and/or career?
7. How do you think it has affected some of the women who shared this process with you?
8. Yoga was well received in the workshops, could you speak to this? Why do you think this was so? What yoga moments stand out to you in the workshops as especially positive?
9. The journaling brought out some moving conversations in the workshops, could you speak to this? What journaling moments stand out to you as especially positive? What have your experiences been with this technique and/or other drama techniques you may be familiar with?
10. Do you think the workshops were successful? In which ways or why not?
11. In what ways could this process have been improved?
12. Even though the workshops turned into a pilot project and may not necessarily enfold into an ethnodrama, how do you feel about ethnodrama as a tool for dissemination of health research?
13. Where do you, if at all, see this project carrying on the future?
14. Is there anything else you would like to add?



**APPENDIX D:  
RESEARCHER INTERVIEW CONSENT FORM**

**Interview Consent Form**

**Researchers:**

Alana Ferguson  
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Dr. Roanne Thomas MacLean  
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**You are invited to participate in a study entitled:** Exploring Lived Experiences of Ethnodrama Creation as a Dissemination Tool for Health Research

**Purpose and Procedure:** This study is exploring lived experiences of ethnodrama creation. Given your involvement and experiences with this method I appreciate and invite you to be involved in this interview. I will read the remainder of this form to you; please feel free to ask questions you might have. The interview should take about an hour.

**Potential Risks:** There is little risk to you as a participant; and your participation has the potential of providing greater understanding of the role theatre can play in presenting research findings.

**Confidentiality/Anonymity:** During the interview, I will be audio-taping and taking notes. To ensure anonymity, all identifying information (e.g. your name and the names of your family members) will be stripped from the transcribed tapes and replaced by pseudonyms. You will have the right to stop the interview at any time and give consent to resume at any time without any negative repercussions. You will also have the right to ask that any of your statements not be used for the purposes of the research project by either directly informing the interviewer of your wishes during the interview or contacting the researchers to inform them of your wishes at a later date.

**Right to Withdraw:** You may withdraw from the study for any reason at any time without penalty of any sort. You are free to answer only those questions with which you are comfortable.

**Questions:** If you have questions during the interview concerning the study, please feel free to ask; you are also free to contact us at the numbers provided above if you have questions at a later date. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics board on November 3, 2007. Any questions regarding your rights as a participant may be addressed to the ethics committee through the Research Ethics Office (306-966-2084).

**Consent to Participant:** I have listened and understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above and understand that I may withdraw this consent at any time.

---

Name of Participant

---

Date

---

Signature of Researcher

---

Date

**APPENDIX E:  
DRAMATIST & YOGA TEACHER INTERVIEW CONSENT FORM**

**Interview Consent Form**

**Researchers:**

Alana Ferguson  
Department of Sociology, University of Saskatchewan.  
Contact Number: 306-244-3634  
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**You are invited to participate in a study entitled:** Exploring Lived Experiences of  
Ethnodrama Creation as a Dissemination Tool for Health Research

**Purpose and Procedure:** As a facilitator of the workshops on arm morbidity after breast cancer, I would like to invite you now to participate in an extension of the study by interviewing you. I will read the remainder of this form to you; please feel free to ask questions you might have. The interview should take about an hour. The study will be exploring your lived experiences of participating in the workshops and how you have made meaning out of this experience in your own life.

**Potential Risks:** There is little risk to you as a participant; and your participation has the potential of providing greater understanding of the role theatre can play in presenting research findings.

**Confidentiality/Anonymity:** During the interview, I will be audio-taping and taking notes. To ensure anonymity, all identifying information (e.g. your name and the names of your family members) will be stripped from the transcribed tapes and replaced by pseudonyms. You will have the right to stop the interview at any time and give consent to resume at any time without any negative repercussions. You will also have the right to ask that any of your statements not be used for the purposes of the research project by either directly informing the interviewer of your wishes during the interview or contacting the researchers to inform them of your wishes at a later date.

**Right to Withdraw:** You may withdraw from the study for any reason at any time without penalty of any sort. You are free to answer only those questions with which you are comfortable.

**Questions:** If you have questions during the interview concerning the study, please feel free to ask; you are also free to contact us at the numbers provided above if you have questions at a later date. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics board on November 3, 2007. Any questions regarding your rights as a participant may be addressed to the ethics committee through the Research Ethics Office (306-966-2084).

**Consent to Participant:** I have listened and understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above and understand that I may withdraw this consent at any time.

---

Name of Participant

---

Date

---

Signature of Researcher

---

Date

**APPENDIX F:  
ETHNODRAMA WORKSHOP CONSENT FORM**

**New Directions for Dissemination: A Breast Cancer Project**

**Researchers:**

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Dr. Roanne Thomas MacLean  
Department of Sociology, University of Saskatchewan.  
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E-mail [roanne.thomas@usask.ca](mailto:roanne.thomas@usask.ca)

**You are invited to participate in a study entitled:** “New Directions for Dissemination: A Breast Cancer Project”

**Study Purpose:** The purpose of this study is to use theatrical techniques to present research findings on the lived experiences of arm problems after surviving breast cancer. The scripts for the performance will be developed through a series ‘activation’ workshops with the participants along with using the findings from Dr. Thomas-MacLean’s study of the arm morbidity after breast cancer. In accordance with the standard approach taken in other research-based theatre projects, a professional director/script-writer, with the requisite skills and artistry, has been secured on a consultancy basis to facilitate the activation workshops and direct the performance. The researchers, who are not in the role of facilitator, will be present during the workshops and taking an active part in some of the exercises and group activities. The researcher will also be taking notes during the workshops.

**Procedures:** If you agree to participate, we ask that you sign the consent form, and keep a copy for yourself. You and approximately 8 to 10 breast cancer survivors from Saskatoon (who have been recruited in the same way you were) will be part of the workshops. The workshops are scheduled to be in the Jesse Miller Room at St. James’ Church, beside The Refinery. They will be held from 7:00-9:00 p.m. on November 5<sup>th</sup>, 6<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup>, & 27<sup>th</sup>.

**Potential Risks:** There is little risk to you as a participant; and your participation has the potential of providing greater understanding of the role theatre can play sharing the lived experiences of arm disability after breast cancer. Participation in the workshops may be tiring at times. You do not have to take part in any of the activities if you don’t want to. You can take a break at any time for instance if you get tired,

don't feel well or become upset. There is no payment for participation in the workshops. Should your participation in the workshops cause an emotional reaction, you are welcome to ask the researchers to help you locate an appropriate counseling service provider; alternatively the researchers can provide you with a list of counseling services.

**Benefits:** Taking part in this study might benefit you directly as you will be surrounded by survivors sharing a similar experience that can feel isolating at times. Your participation might also help other workshop participants as they reflect on their own experiences coping with arm problems.

**Confidentiality/Anonymity:** During the workshops, we will be audio-taping and taking notes. To ensure anonymity, all identifying information (e.g. your name and the names of your family members) will be stripped from the transcribed tapes and replaced by pseudonyms. Because the workshops are a group setting, confidentiality cannot be guaranteed. You will have the right to leave the workshops at any time without any negative repercussions. The consent forms will be stored separately from the data from the workshops and they will only be connected through the use of a master list. Both consent forms and the data will be stored in a locked drawer at the Department of Sociology, University of Saskatchewan for 5 years. Only the research team will be able to look at the information.

**Right to Withdraw:** You may withdraw from the study for any reason at any time without penalty of any sort.

**Questions:** If you have questions during the workshops, please feel free to ask. You are also free to contact us at the numbers provided above if you have questions at a later date. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics board on November 4, 2007. Any questions regarding your rights as a participant may be addressed to the ethics committee through the Research Ethics Office (306-966-2084). Collect calls are accepted from out-of-town callers.

**Consent to Participant:** I have listened and understood the description provided above; I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above and understand that I may withdraw this consent at any time.

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Name of Participant

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Date

---

Signature of Researcher

---

Date

**APPENDIX G:  
ETHICAL REVIEW APPROVAL LETTER**



Behavioural Research Ethics Board (Beh-REB)

***Certificate of Approval***

PRINCIPAL INVESTIGATOR  
Roanne Thomas-MacLean

DEPARTMENT  
Sociology

BEH#  
07-233

STUDENT RESEARCHERS  
Alana Ferguson

SPONSOR  
UNFUNDED

TITLE  
Exploring Lived Experiences of Ethno-drama Creation as a Dissemination Tool for Health Research

APPROVAL DATE  
04-Nov-2007

EXPIRY DATE  
03-Nov-2008

APPROVAL OF:  
Ethics Application  
Consent Protocol  
Interview Guide  
Recruitment Protocol

**CERTIFICATION**

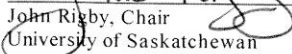
The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

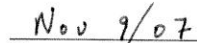
Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

**ONGOING REVIEW REQUIREMENTS**

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions:

<http://www.usask.ca/research/ethical.shtml>

  
John Rigby, Chair  
University of Saskatchewan  
Behavioural Research Ethics Board

  
Nov 9/07  
Signature Date

Please send all correspondence to:

Ethics Office  
University of Saskatchewan  
Room 306 Kirk Hall, 117 Science Place  
Saskatoon SK S7N 5C8  
Telephone: (306) 966-2084 Fax: (306) 966-2069